

Name  
in  
Full

## CERTIFICATE OF DEATH

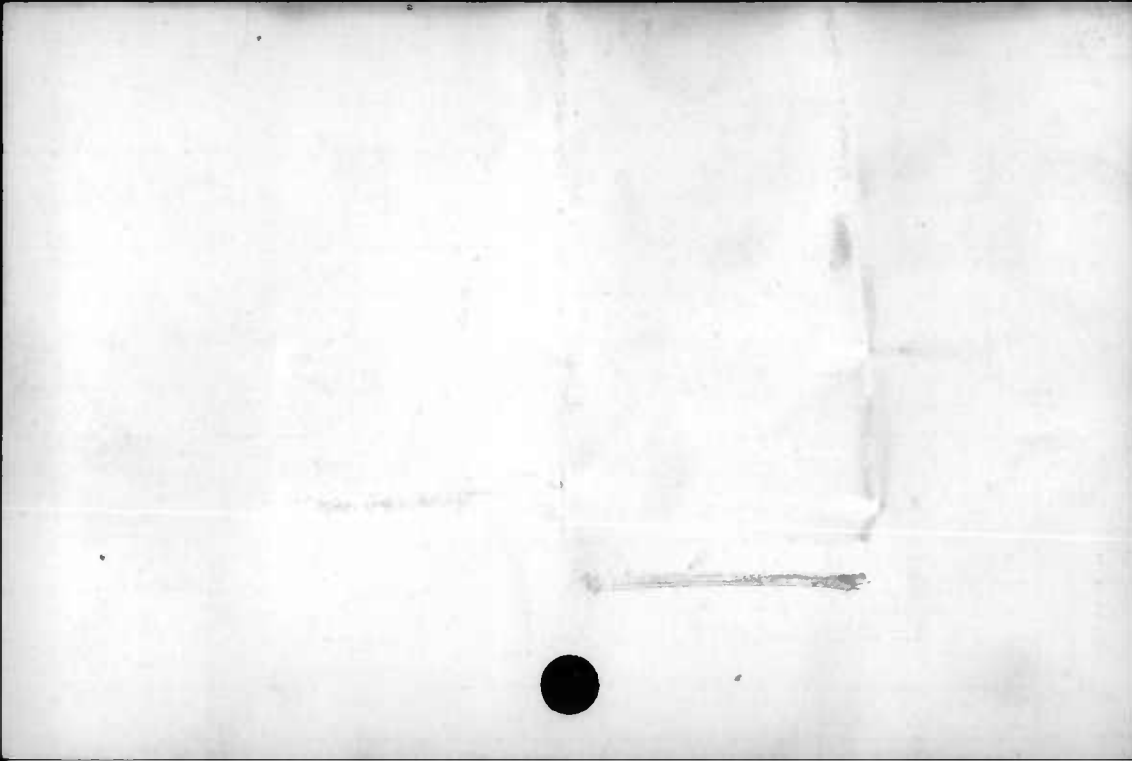
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James A Adams</i>		Town <i>Midway</i>		County <i>P. E. O.</i>		State <b>MARYLAND</b>	
Died at <i>Midway</i>		Month <i>Sept</i>		Day <i>6</i>		Years <i>3</i>	
Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>6</i>		Age <i>3</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>P. E. O.</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Adams</i>		Father's Birthplace <i>P. E. O.</i>					
Mother's Maiden Name <i>Allen</i>		Mother's Birthplace <i>P. E. O.</i>					
Name of person giving information <i>John Adams</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Don't know</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Griffith</i>	
		Address <i>Upper Marlboro</i>	
Accident or Suicide?			



Name  
in  
Full

George Bartley

## CERTIFICATE OF DEATH

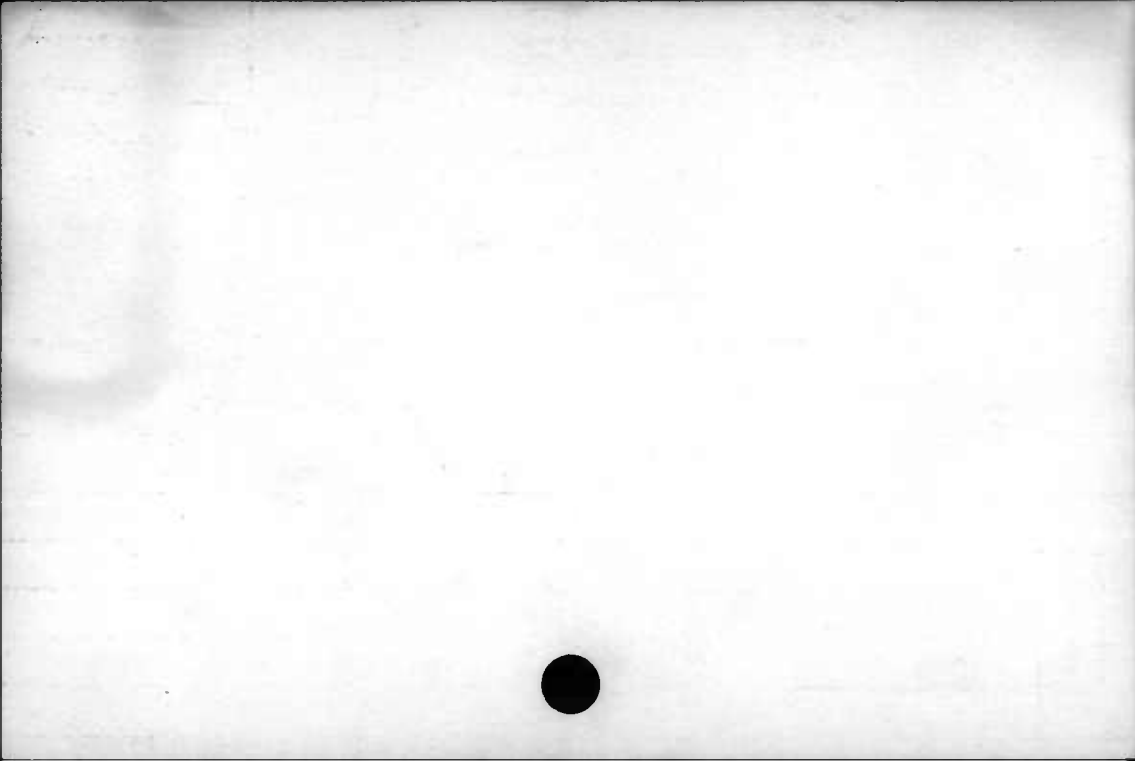
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Laurel</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Year</small>	<u>Sept</u> <small>Month</small>	<u>2nd</u> <small>Day</small>	<u>53</u> <small>Years</small>	<u>5</u> <small>Months</small>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Prince Georges Co</u>
Occupation	<u>Labour</u>	Where Residing if not at place of death			
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single	Name of Wife or <u>Elizabeth Gibson</u>				
<input checked="" type="checkbox"/> Widowed	<u>Husband</u>				
Father's Name	<u>John Bartley</u>			Father's Birthplace	<u>Pr. Geo. Co</u>
Mother's Maiden Name	<u>Anna White</u>			Mother's Birthplace	<u>Pr. Geo. Co.</u>
Name of person giving information	<u>Herbert Bartley</u>			How related to deceased	<u>Nephew</u>

## CAUSES OF DEATH

Primary	<u>Struck by R R train</u>	How long	<u>1 hr</u>
Immediate	<u>Hemorrhage of the brain</u>	How long	<u>1 hr</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Harry F. Frost</u>
		Address	<u>Laurel</u>
Accident or Suicide?			<u>med.</u>

OR CORONER



Name  
in  
Full

Eva Elizabeth Bewley

## CERTIFICATE OF DEATH

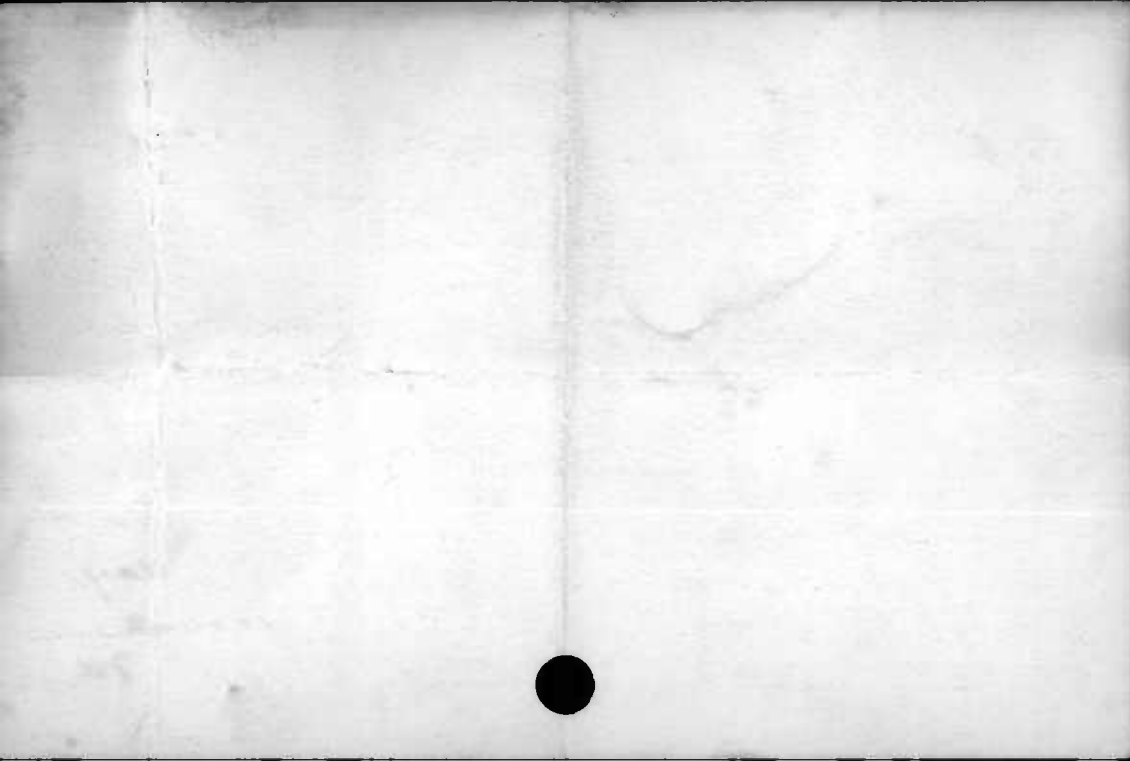
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berwyn</i>		County <i>Prince George</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Berwyn Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John E. Bewley</i>		Father's Birthplace <i>New Zealand</i>			
Mother's Maiden Name <i>Cornelia F. Hazard</i>		Mother's Birthplace <i>Washington DC</i>			
Name of person giving information <i>John E. Bewley</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

Primary <i>Cholera Infantum</i>	How long <i>26 days</i>
Immediate <i>Marasmus</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Etienne</i>
	Address <i>Berwyn Md</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Wm. I. Brooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Oakland

County

Prince Geo.

MARYLAND

Date

of death 1903 Sept

Day

18

Age

Years

30

Months

-

Days

-

Sex

Male

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John H. Brooks

Father's  
Birthplace

M. d.

Mother's  
Maiden Name

Ross

Mother's  
Birthplace

M. d.

Name of person giving  
information

John Brooks

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

about 1 year

Immediate

Asthma

How long

2 months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

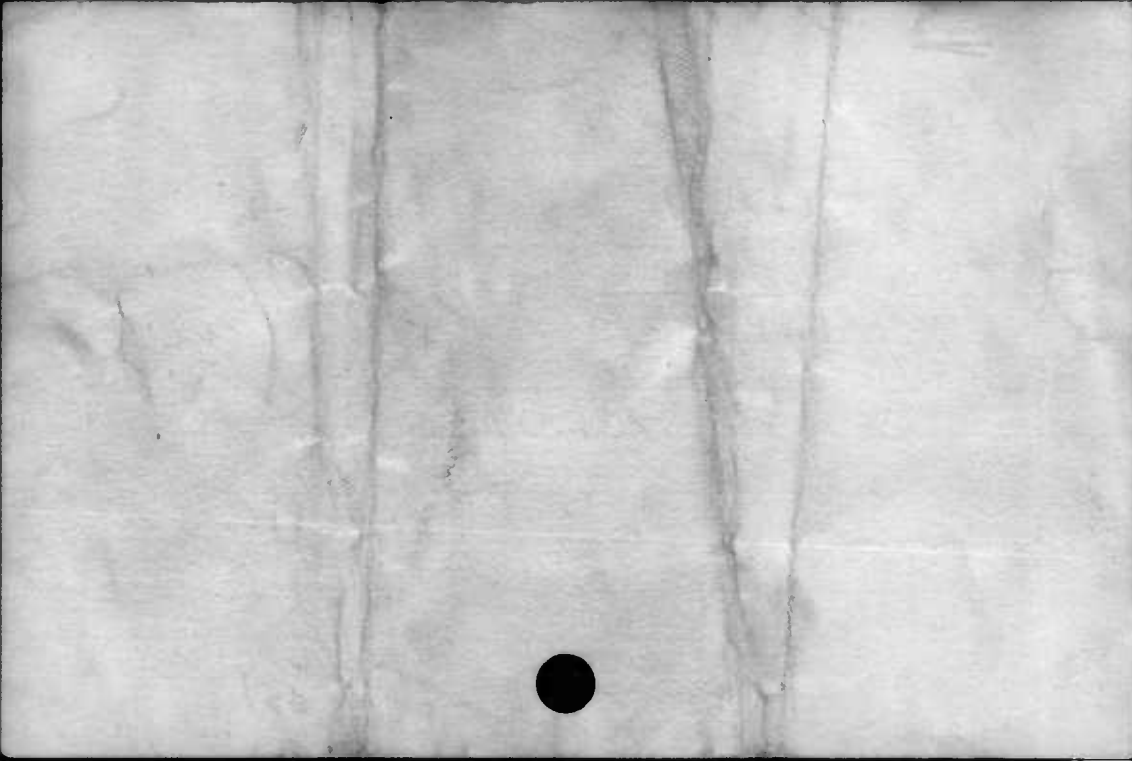
Signature of  
Physician

Address

A. H. Steiner  
Baltimore Md

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Dr. Alonzo Morris Buck

## CERTIFICATE OF DEATH

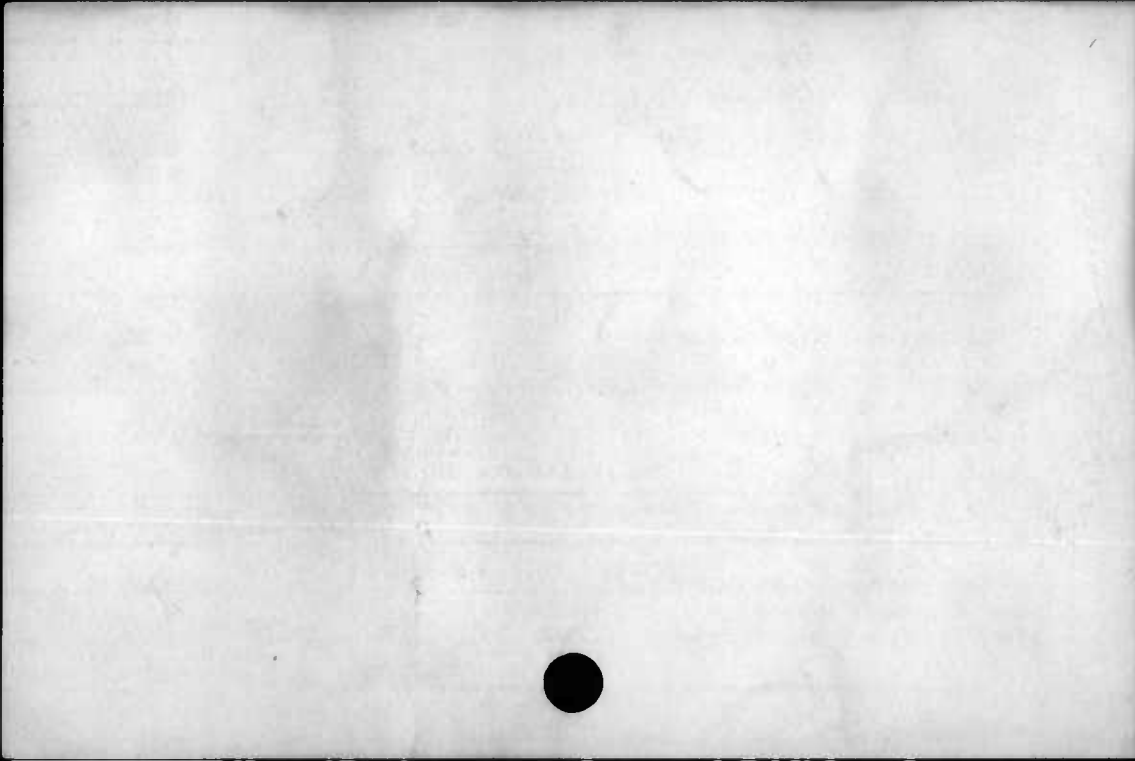
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hyattsville</i> <sup>Town</sup>		<i>Prince</i> <sup>County</sup> <i>George</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Sept</i>	Day <i>29</i>	Age <i>79</i>	Months <i>5</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Greenbury, N.Y.</i>		
Occupation <i>Clerk, War Dep't.</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marion Pollard Buck</i>				
Father's Name <i>Elias B. Buck</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i><del>Not known</del> Maria Pratt</i>	Mother's Birthplace <i>Shaplebury, N.Y.</i>				
Name of person giving information <i>W. F. Drown</i>	How related to deceased <i>Son-in-law</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long <i>6 months</i>
Immediate <i>Mitral Insufficiency (Heart Disease)</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. Perry</i>
<i>Hyattsville</i>	Address <i>Prince George's Co</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name Alonzo Butler Town Woodford County P.G.

Died at Woodford

Date of death 1905 Sept 28 th Age 17 Months — Days —

Sex Male Color or Race Black Birth-place Ind

Occupation Farming Where Residing if not at place of death At home

~~Married~~ Single — Name of Wife or Husband —

Father's Name George Butler Father's Birthplace Ind

Mother's Maiden Name Anna Butler Mother's Birthplace Ind

Name of person giving information R. H. Wyatt. How related to deceased None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary 7. Fever - Hemorrhages from Lungs & bowelsHow long 7 or 8 days - 10 days - 12 hoursImmediate ExhaustionHow long 8 hours

Are the name, age, sex, color, date and place correctly given above?

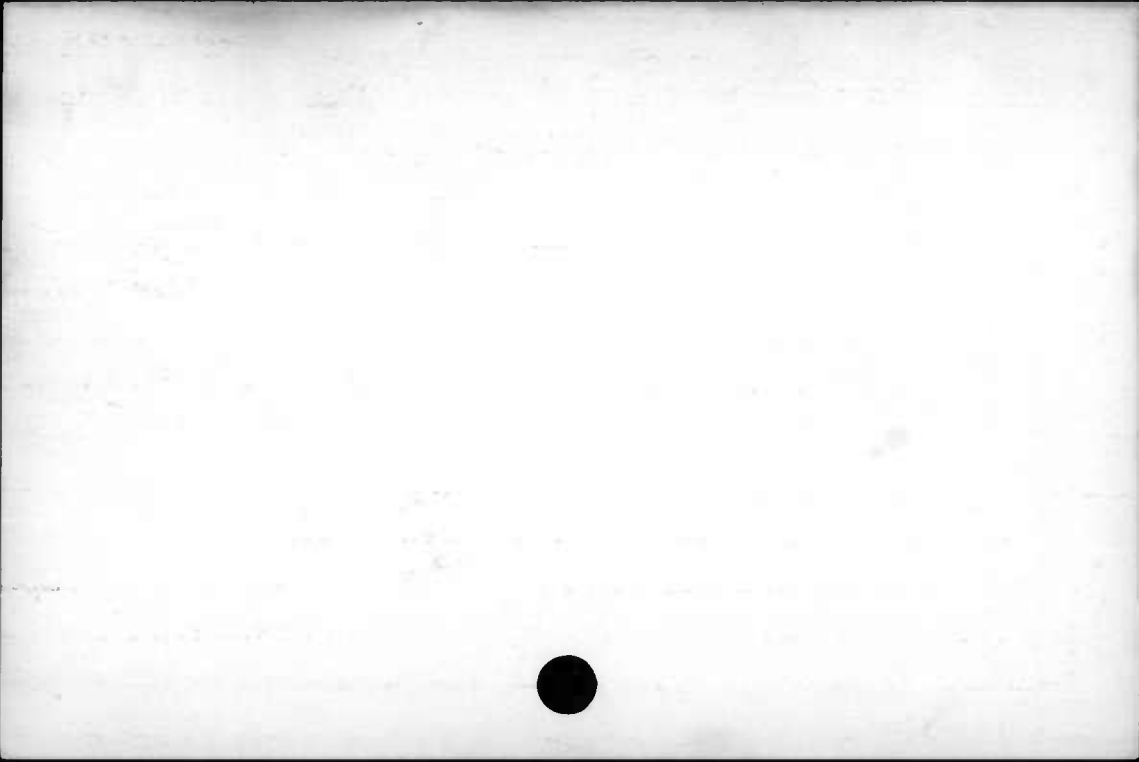
Yes

Signature of Physician

Address

J. L. Waring  
Colinton

Accident or Suicide?



Name  
in  
Full

Mary Ellen Chase

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *near Pocatoway*

Town

*Pro. Geo*

County

Date

of death *1905*

Month

*Sept*

Day

*26*

Years

Age *38*

Months

Days

Sex

*female*Color or  
Race*colored*Birth-  
place*md*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*married*Name of Wife or  
Husband*Danl. Chase*Father's  
Name*Henry Nelson*Father's  
Birthplace*md*Mother's  
Maiden Name*Sally Moore*Mother's  
Birthplace*md*Name of person giving  
In formation*Danl. Chase*How related  
to deceased*Husband*

## CAUSES OF DEATH

Primary

*Acute Stenosis*

How long

Immediate

*Syncope*

How long

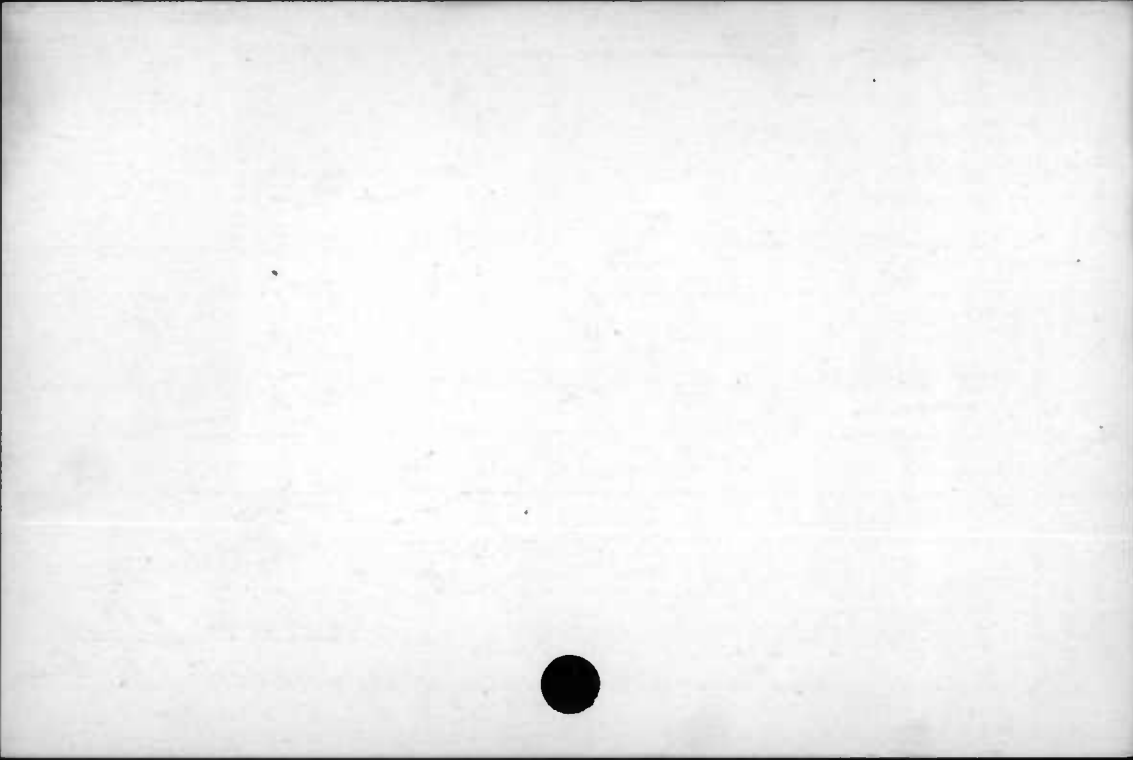
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

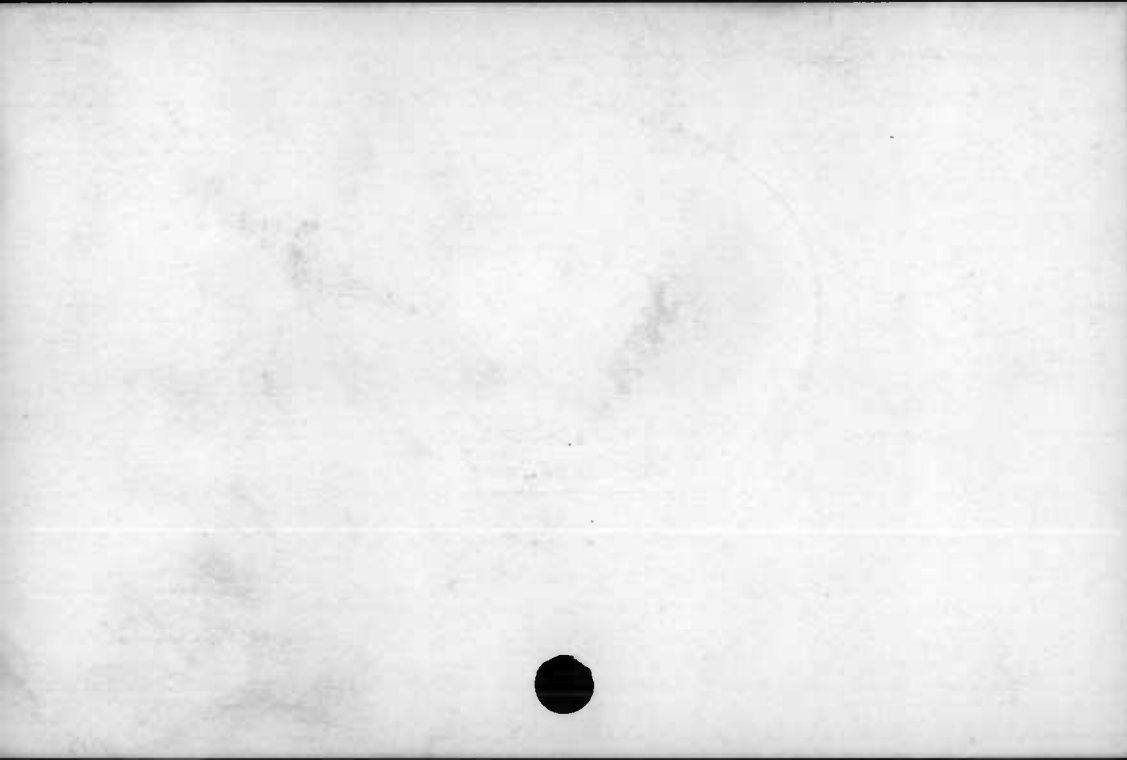
*John A. Coe**713.*

Accident or Suicide?

*md*PHYSICIAN  
OR CORONER



Name in Full		Alice Clarke				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Baltimore		County	
		Date of death		1905		Age	
		Sex		Female		Color or Race	
		Occupation		School teacher		Where Residing if not at place of death	
		Married, Single or Widowed		Single		Name of Wife or Husband	
PHYSICIAN OR CORONER		Father's Name		Henry Clarke		Father's Birthplace	
		Mother's Maiden Name		Martha Chapman		Mother's Birthplace	
		Name of person giving information		Edwood Johnson		How related to deceased	
		CAUSES OF DEATH		161		How long	
		Primary		Brain		How long	
Immediate		Stroke		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Address	
Accident or Suicide?				J. M. Curran M.D.		Springfield Md	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

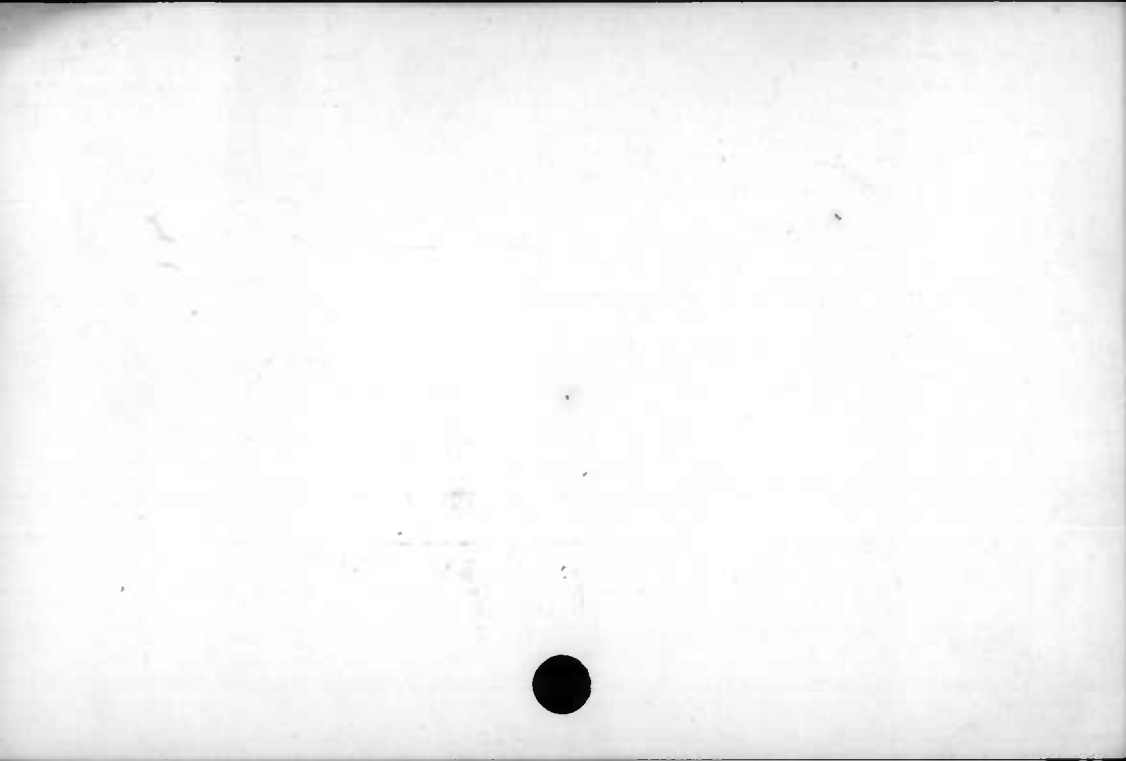
MARYLAND

Died at <i>Westphalia</i> <sup>Town</sup>		<i>P. H.</i> <sup>County</sup>			
Date of death	<i>1905</i> <sup>Month</sup> <i>Sept</i> <sup>Day</sup> <i>19</i>	Age	<i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>5</i> <sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>—</i>	Birth-place	<i>—</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Arthur Teesig</i>			Father's Birthplace	<i>I. G. C.</i>
Mother's Maiden Name	<i>Moran</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Arthur Teesig</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>—</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. J. H. Hoff</i>		
	Address <i>Upper Marlboro</i>		
Accident or Suicide?	<i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

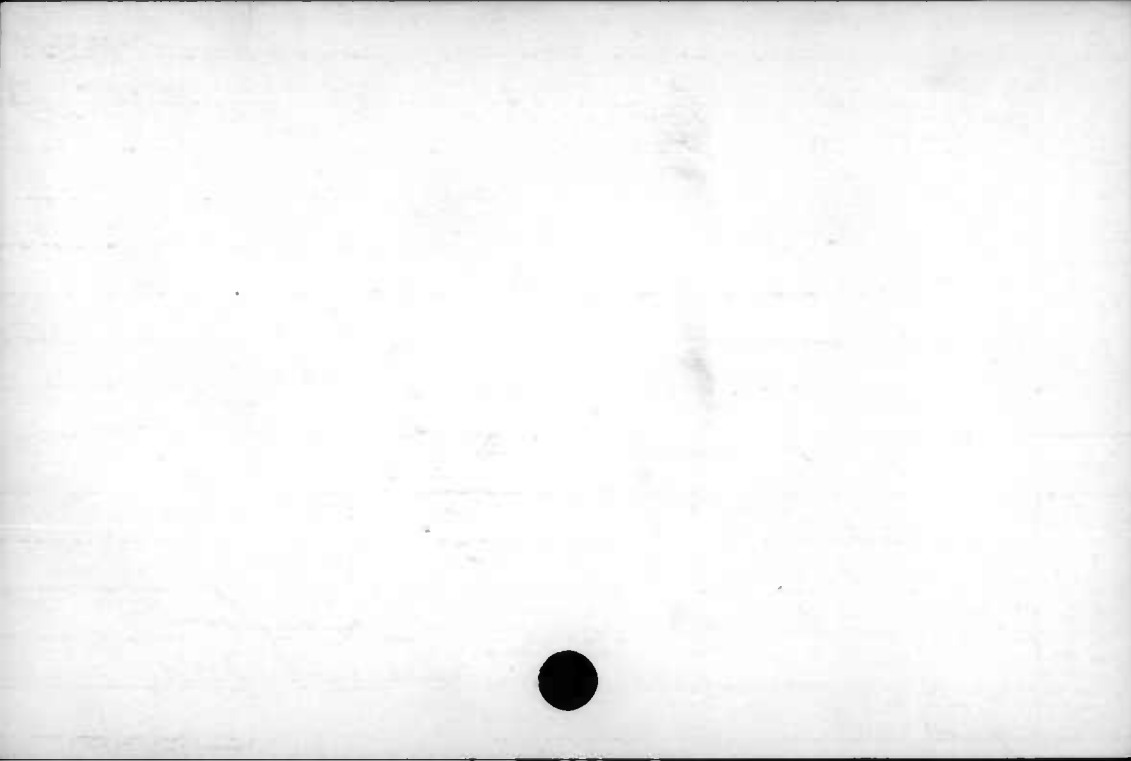
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Sept.	13	Age	78		
Sex	Male	Color or Race	Black	Birth-place	Md		
Occupation	Farmer			Where Residing if not at place of death	Mellwood		
Married, Single or Widowed	Married	Name of Wife or Husband	John Green				
Father's Name	Thomas Green			Father's Birthplace	Md		
Mother's Maiden Name	Celia Cook			Mother's Birthplace	Md		
Name of person giving information	Lucy Ann Green			How related to deceased	Wife		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	8 months
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Dr L A Griffith
	Address	Upper Marlboro Md
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Sept	26	P. 60		1	18
Sex		Color or Race		Birth-place			
Male		White		Washington			
Occupation				Where Residing if not at place of death			
None				Same			
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name		Father's Birthplace					
Belmont Hartnett		Same					
Mother's Maiden Name		Mother's Birthplace					
Dora Human		Same					
Name of person giving information		How related to deceased					
Hale Human		Brother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Iles - Catitis	How long	4 weeks
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. T. Taylor	
		Address	
		Laurel, Md.	
Accident or Suicide?			

49  
31  
8

Name  
in  
Full

Edmund Hill

## CERTIFICATE OF DEATH

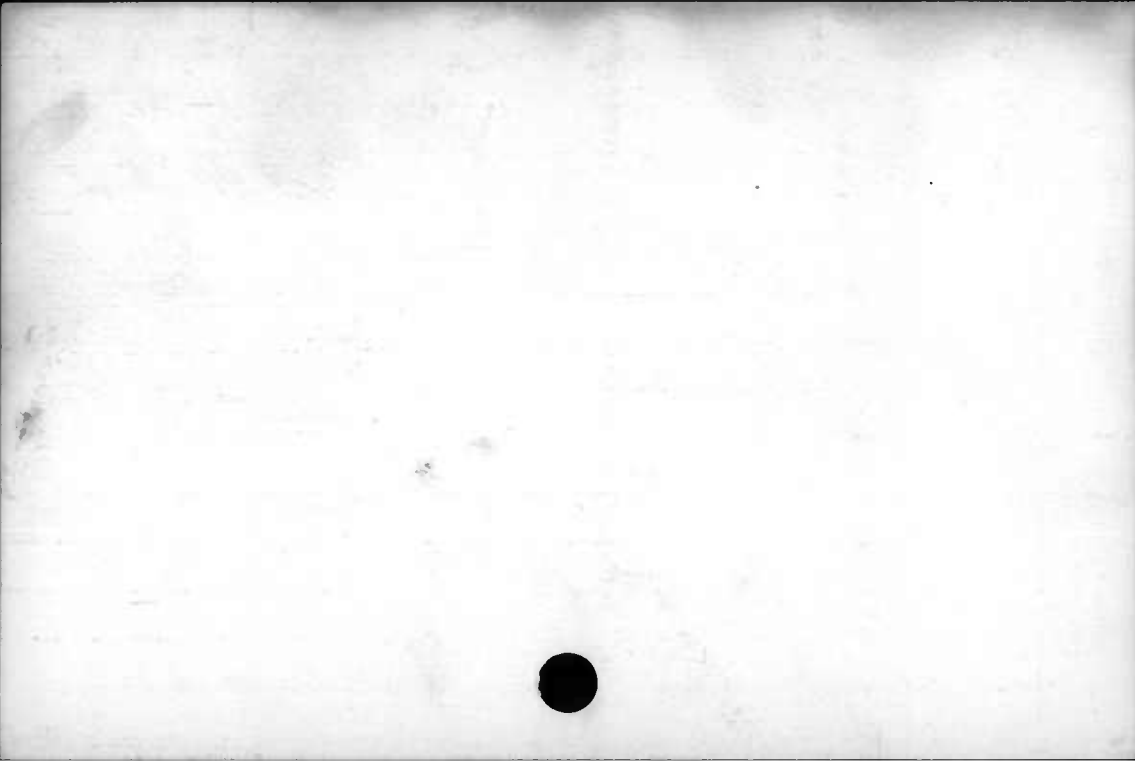
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		near Laune		Primer County		Yes		MARYLAND	
Date of death		1905	Sept	Day	1	Age	54	Months	Days
Sex		Male		Color or Race		White		Birth-place	
Occupation		Butcher		Where Residing if not at place of death		near Laune			
Married, <del>Single</del>		Yes		Name of Wife or Husband		Annie Hill			
Father's Name		William Hill				Father's Birthplace		Pa	
Mother's Maiden Name		Hellen M. Smith				Mother's Birthplace		Baltimore	
Name of person giving information		Annie Hill				How related to deceased		Wife	

## CAUSES OF DEATH

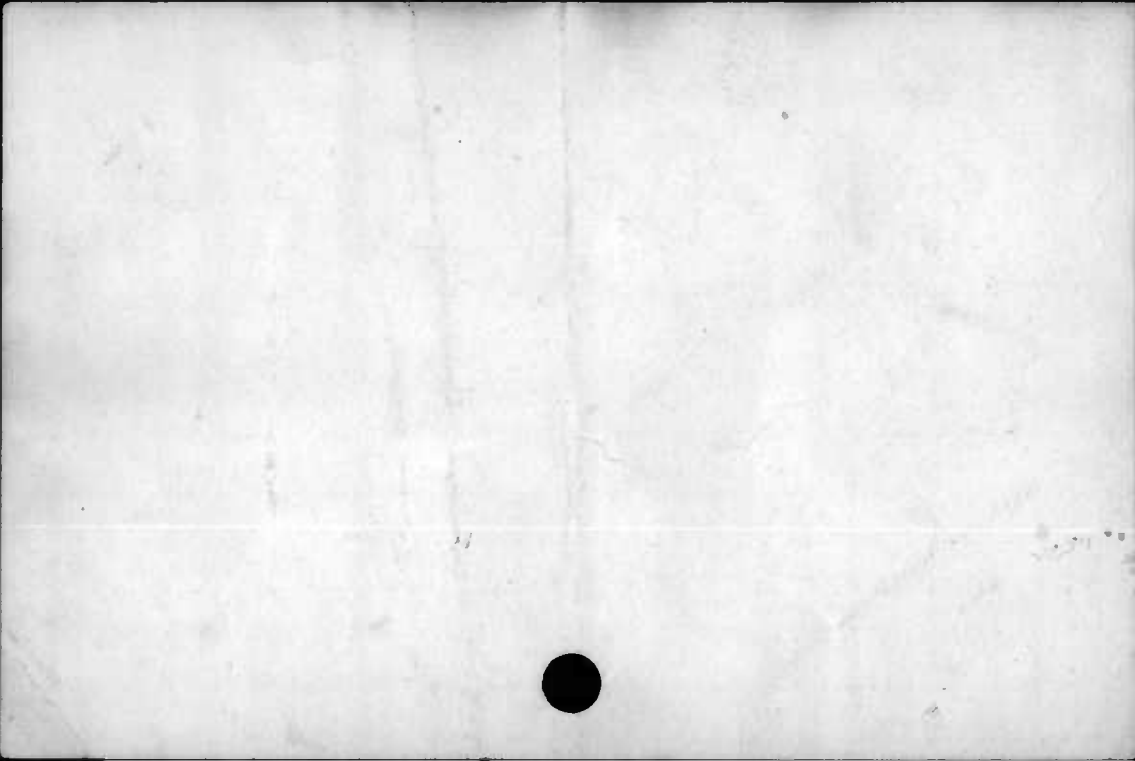
PHYSICIAN  
OR CORONER

Primary	Parenchymatous hepatitis	How long	6 mo
Immediate	Nidemia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. P. Presley	
Address		Lawson Md	
Accident or Suicide?			





Name in Full		Town		County		CERTIFICATE OF DEATH	
Robert Jackson		Bladensburg		Prince Geo.		MARYLAND	
Died at		Date of death		Age		Months Days	
1905 Sept 26		70					
Sex		Color or Race		Birth-place			
Male		colored		M.D.			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Sarah Thomas					
Father's Name		Father's Birthplace					
don't know		M.D.					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Mrs Gardner		daughter					
CAUSES OF DEATH							
Primary		How long					
Hemiplegia (Paralysis)		don't know (3 yrs.)					
Immediate		How long					
Cardiac asthma		don't know.					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		V. L. B. R. M.					
Hya Noville		Address					
		Prince George's Co.					
Accident or Suicide?							



Name  
in  
Full

Edmonia Jenkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Silver Hill <sup>Town</sup> P. George <sup>County</sup> MARYLAND

Date of death 1905 <sup>Month</sup> Sept <sup>Day</sup> 30 <sup>Years</sup> 47 <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race White Birth-place Virginia

Occupation Housework Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Marcellus Jenkins

Father's Name William L Jenkins Father's Birthplace Virginia

Mother's Maiden Name Matilda Hyflin Mother's Birthplace Virginia

Name of person giving information Marcellus Jenkins How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

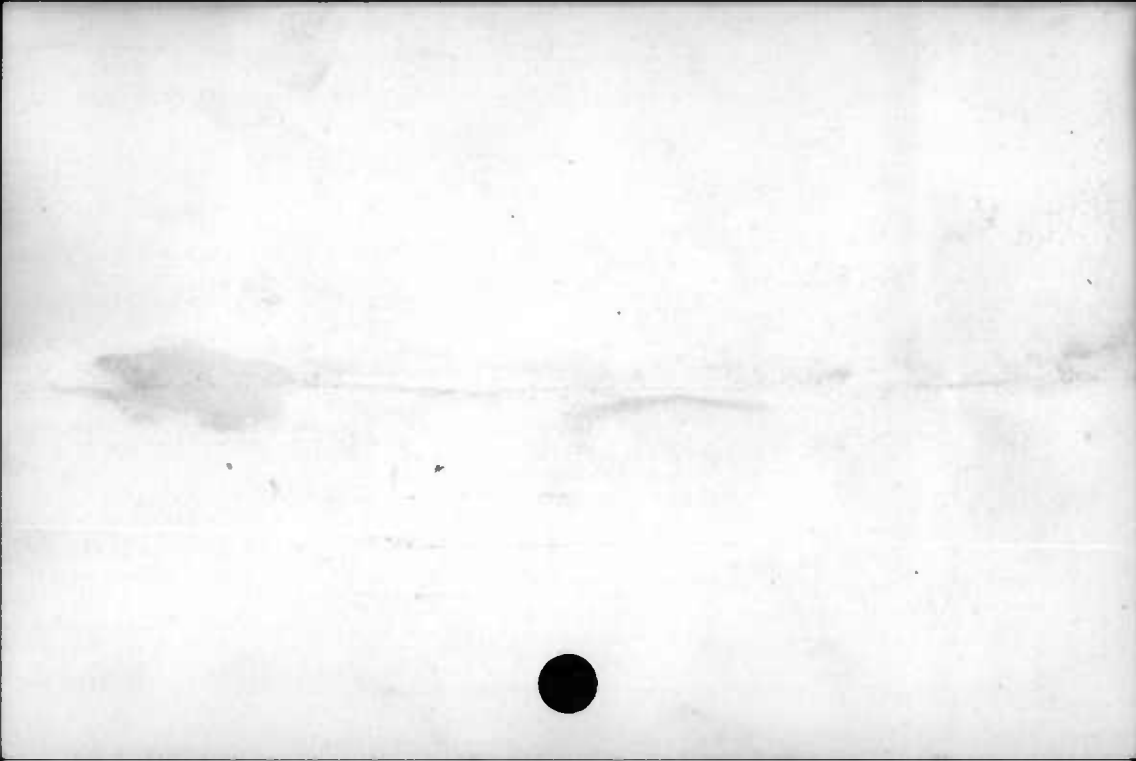
Primary Don't know, saw her <sup>How long</sup> —

Immediate in dying condition <sup>How long</sup> —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John E. Sanchez M.D. Address Forrestville Md.

Accident or Suicide? —



Name  
in  
Full

Henry Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Sept.	14				
Sex	Male		Color or Race	Colored		Birth-place	Maryland
Occupation	Farm laborer			Where Residing if not at place of death			—
Married, Single or Widowed	Widower		Name of Wife or Husband				
Father's Name	Frank Johnson					Father's Birthplace	Maryland
Mother's Maiden Name	not known					Mother's Birthplace	Maryland
Name of person giving information	John Johnson					How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	not known
Immediate	Coma	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. A.R. Walker
Yes		Address	Falls, Md.
Accident or Suicide?		—	



Name  
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Full

Sarah Hodges Joy.

## CERTIFICATE OF DEATH

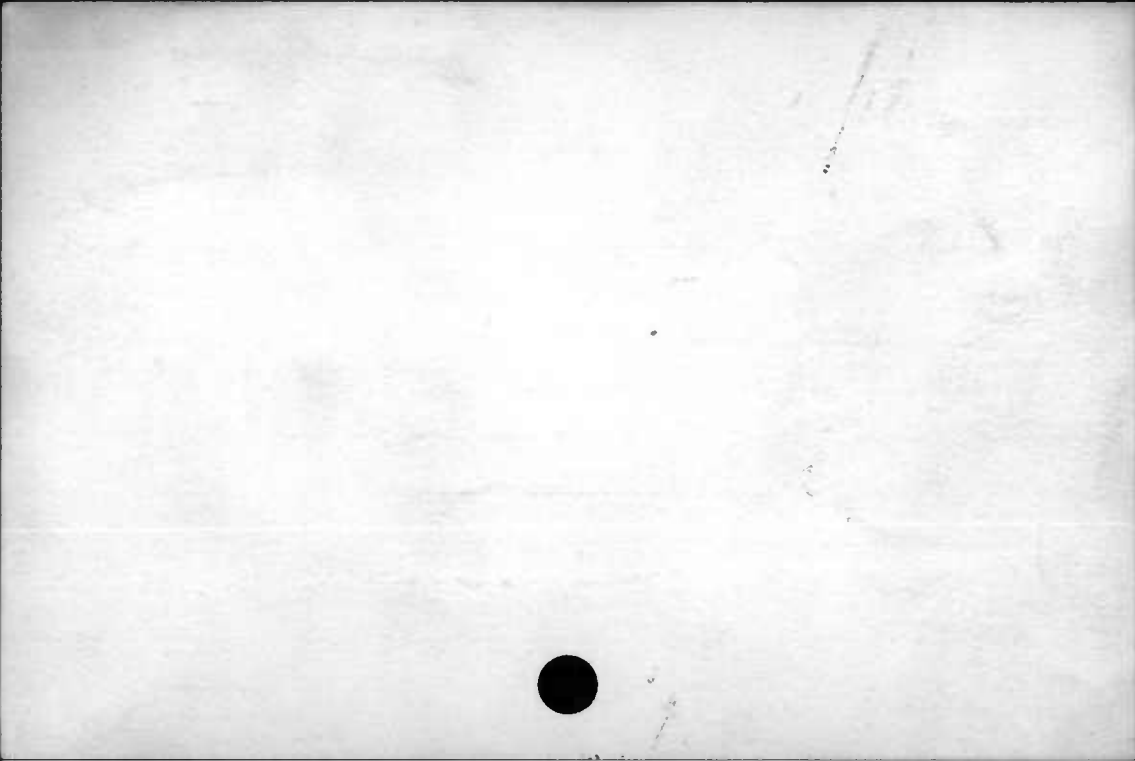
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *at her Hyattsville P. G. Co.*Date of death *1905* *Sept* *12* *Thursday* *74* *5* *21*Sex *female* Color or Race *white* Birth-place *George Town, Md.*Occupation  Where Residing if not at place of death Married, Single or Widowed *Married* Name of Wife or Husband *M. John Joy*Father's Name *Nicholas Hodges*Father's Birthplace *England*Mother's Maiden Name *Sarah Ather*Mother's Birthplace *"*Name of person giving information *Alex. Hulse*How related to deceased *Son in law*

## CAUSES OF DEATH

Primary *Biliary Calculus* *13* *5 days*Immediate *Pulmonary Edema* *1 day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Wm. H. Ratner, M.D.*Address *Hyattsville Md*Accident or Suicide? *Neither*PHYSICIAN  
OR CORONER





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

George Christian Frederick Lindenköhl

## CERTIFICATE OF DEATH

MARYLAND

Died at Laurel Town

P. O. Box. Cr. County

Date of death 1905 Sept.

18th. Day

Age 28 Years

2 Months

11 Days

Sex Male

Color or Race White

Birthplace Wash. D. C.

Occupation Doctor

Where Residing if not at place of death

Cincinnati

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Adolph Lindenköhl

Father's Birthplace Kaufungen, Germany

Mother's Maiden Name Pauline Praeger

Mother's Birthplace Baltimore Md.

Name of person giving information Mrs. Bond

How related to deceased Sister

## CAUSES OF DEATH

Primary Tuberculosis  
Exhaustion

How long 5 yrs

How long 2 days

Are the name, age, sex, color, date and place correctly given above?

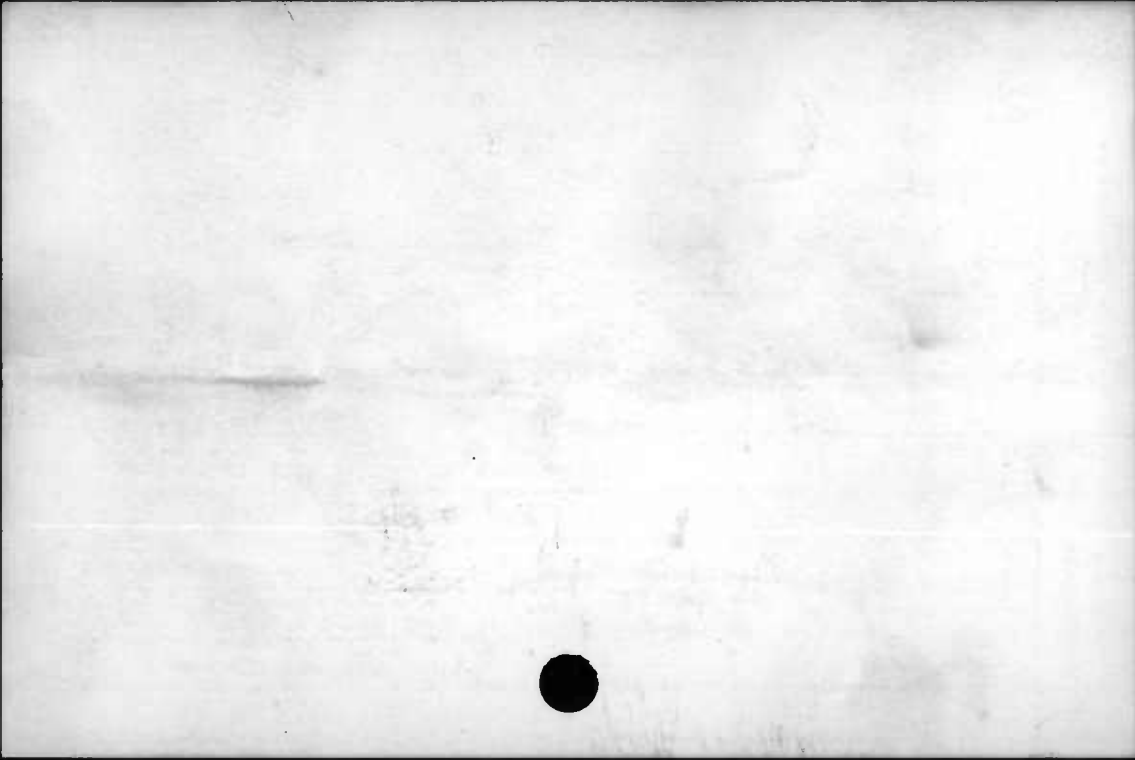
Yes

Signature of Physician

Address

D. F. Taylor  
Laurel

Accident or Suicide?



Name  
in  
Full

Minnie Irene Bush

## CERTIFICATE OF DEATH

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NEAREST FRIEND

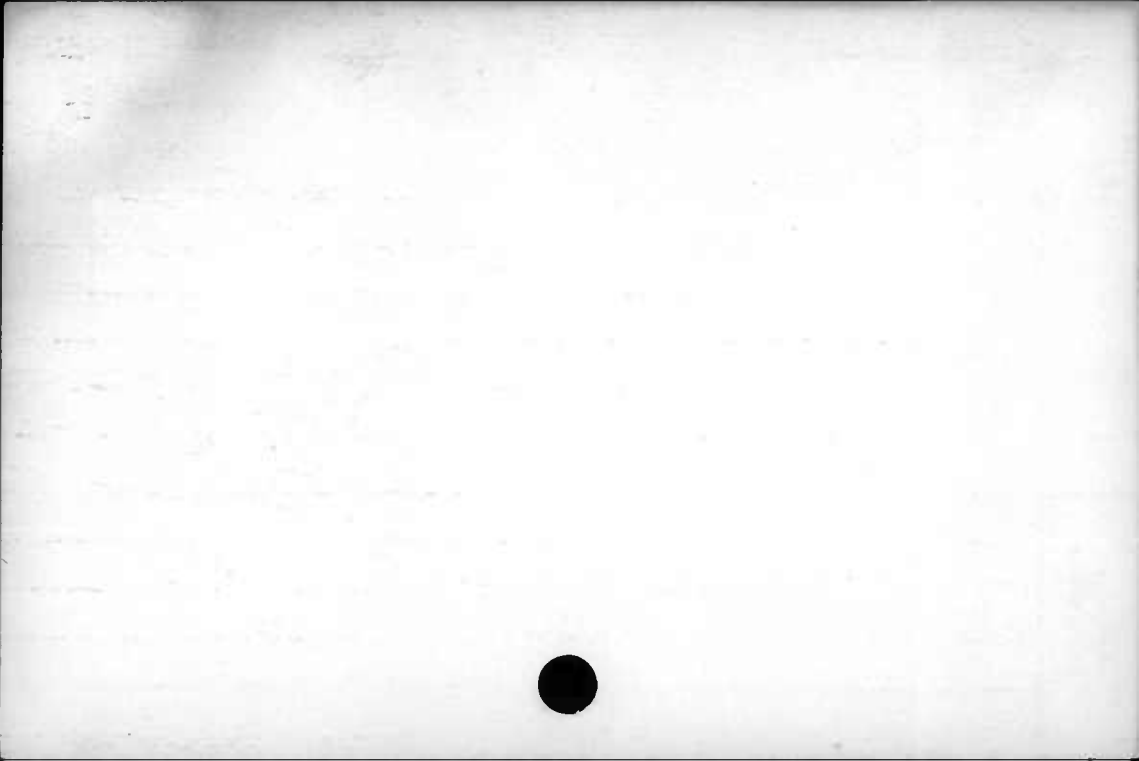
MARYLAND

Died at		W.C. Wash		County		W.C.	
Date of death	1905	Month	sep	Day	29 <sup>th</sup>	Age	Years — Months 4 Days —
Sex	Female		Color or Race	White.		Birth-place	
Occupation	house			Where Residing if not at place of death		W.C.	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Unknown				Father's Birthplace	W.C.	
Mother's Maiden Name	H				Mother's Birthplace	Unknown	
Name of person giving information	Wife, Helen				How related to deceased	Cousin	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Eq. Infantum		How long	2 weeks
Immediate	Unknown		How long	—
Are the name, age, sex, color, date and place correctly given above?		As far as known		
Signature of Physician		J. L. Wandy		
Address		Clinton		
Accident or Suicide?				



Name in Full

Certificate of Death

Rogers Buscoe Mack

Town

County

Died at

MARYLAND

Date 1905 9 8 Month Day Y. M. D. Age 0. 11. 26 Native of Lakeland Occupation none  
 Male ~~White~~ Married ~~Widow~~ Divorced  
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name J. W. Chesley MackMother's Name Maggie Buscoe

Cause of Death { Primary Cholera Infantum Immediate Marasmus 105  
 How long sick 3 months  
 Accident, Suicide, Homicide

Reported by

W O Emfield Md.  
College Park Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

Annie Elden

Maske

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forestville</i>		County <i>Prince George</i>		MARYLAND	
Date of death	Month <i>Sept</i>	Day <i>23</i>	Age <i>—</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Maske</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Annie Mangum</i>			Mother's Birthplace <i>md.</i>		
Name of person giving information <i>Albert Maske</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bout Tyrod</i>	How long <i>—</i>
Immediate <i>No physician in attendance</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. B. Sausbury M.D.</i>
	Address <i>Forestville md.</i>
Accident or Suicide? <i>—</i>	

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

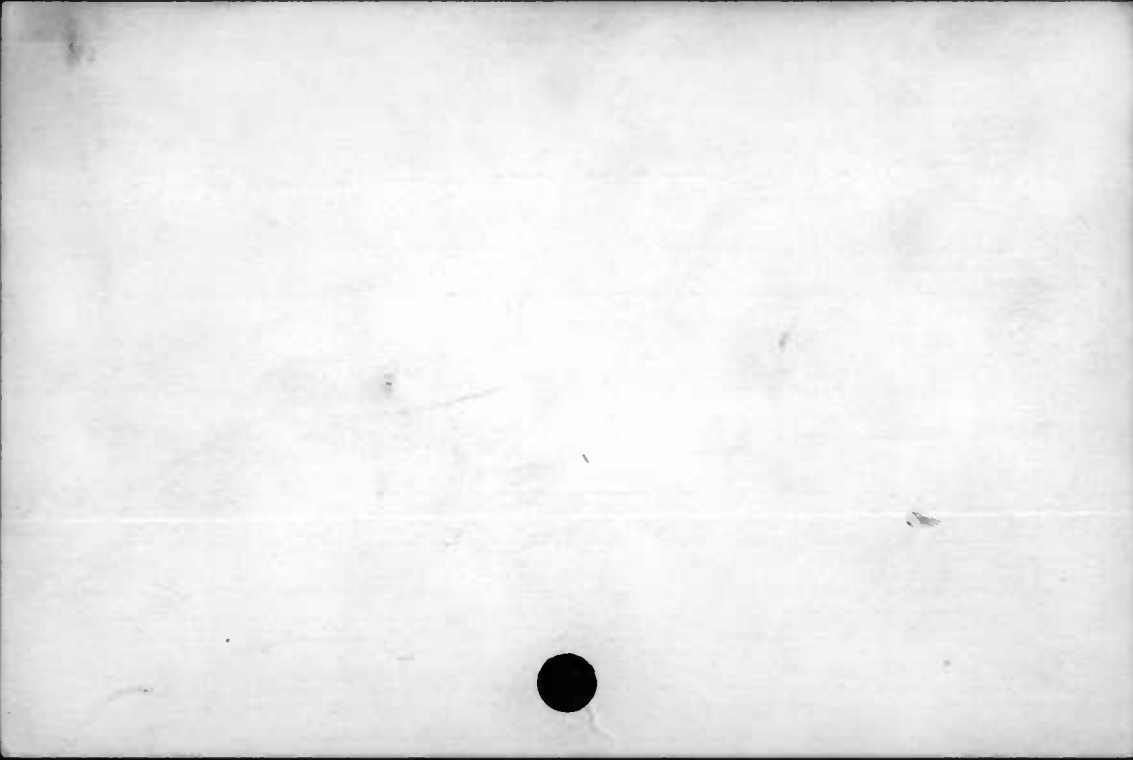
CERTIFICATE OF DEATH

MARYLAND

Name in Full <u>Wm Mason</u>		Town <u>Bladensburg</u>		County <u>Prince Geo</u>	
Died at		Date of death		Age	
		<u>1905- Sept 12</u>		<u>20</u>	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Bladensburg Md</u>	
Occupation <u>Nothing</u>		Where Residing if not at place of death _____			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>Wm Mason Sr</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Jennie Mason</u>		Mother's Birthplace <u>Va</u>			
Name of person giving information <u>Phil</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

Primary <u>Tuberculosis of lungs</u>	How long <u>1 year</u>
Immediate <u>General debility</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. W. Hager</u>
<u>Geo. W. Hager</u>	Address <u>Hyaltsville Md</u>
Accident or Suicide? <u>Neither</u>	



Name  
in  
Full

George W Mathews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Sept	23	Age	52		
Sex	male	Color or Race	Black		Birth-place	D.C. Co	
Occupation	Laborer			Where Residing if not at place of death		Mumfords	
Married, <del>Single</del> or Widowed	yes			Name of Wife or Husband		Mathews	
Father's Name	Do not know					Father's Birthplace	
Mother's Maiden Name	Do not know					Mother's Birthplace	
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	valvular heart disease		How long	2 years
Immediate	undetermined		How long	suddenly
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. F. Taylor
			Address	Laurel Md
Accident or Suicide?				

Marshall

Name  
in  
Full

William A. Meloy.

## CERTIFICATE OF DEATH

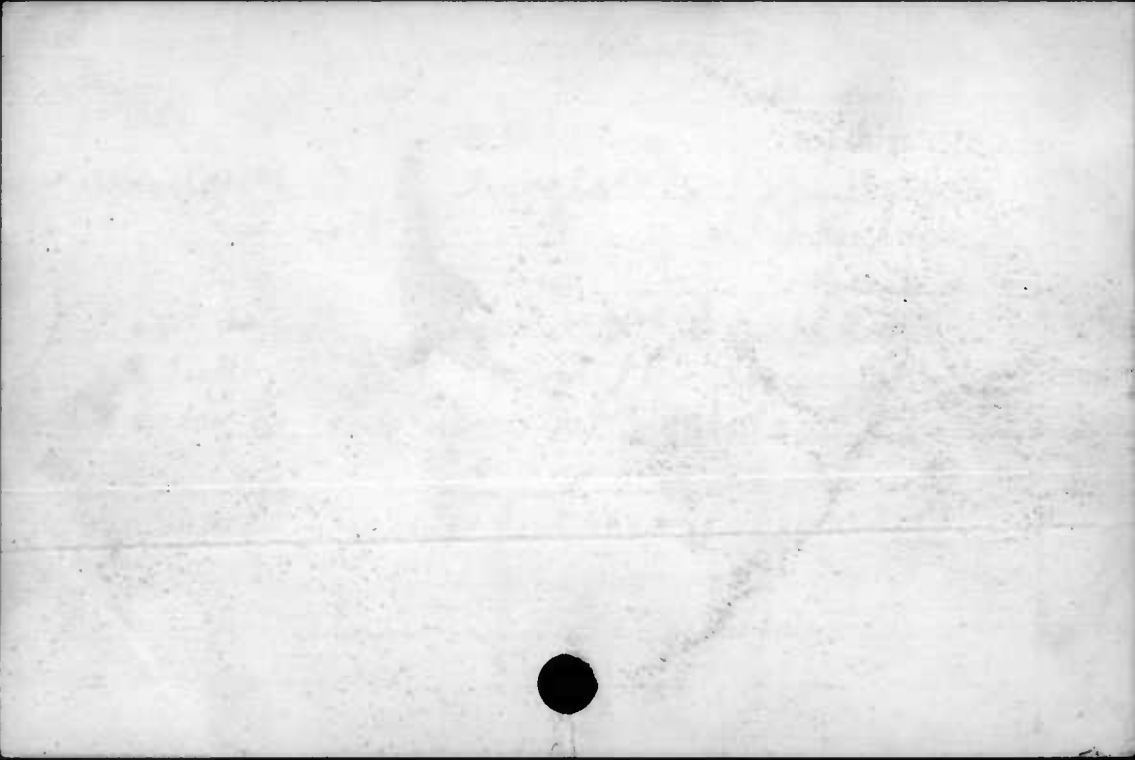
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Lanham</b> <small>Town</small>		<b>Prince George</b> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>1905</b>	<b>Sept.</b> <small>Month</small>	<b>20th</b> <small>Day</small>	<b>Age 72</b> <small>Years</small>	<b>—</b> <small>Months</small>	<b>—</b> <small>Days</small>
Sex <b>Male</b>	Color or Race <b>white</b>		Birth-place <b>N. Y.</b>		
Occupation <b>Lawyer</b>	Where Residing if not at place of death <b>118 E St. N.W. Washington D.C.</b>				
Married, Single or Widowed <b>married</b>	Name of Wife or Husband <b>Emily J. Meloy</b>				
Father's Name <b>Friedrich W. Meloy</b>	Father's Birthplace <b>N. Y.</b>				
Mother's Maiden Name <b>Martha E. Meloy</b>	Mother's Birthplace <b>Conn.</b>				
Name of person giving information <b>Emily J. Meloy</b>	How related to deceased <b>Wife.</b>				

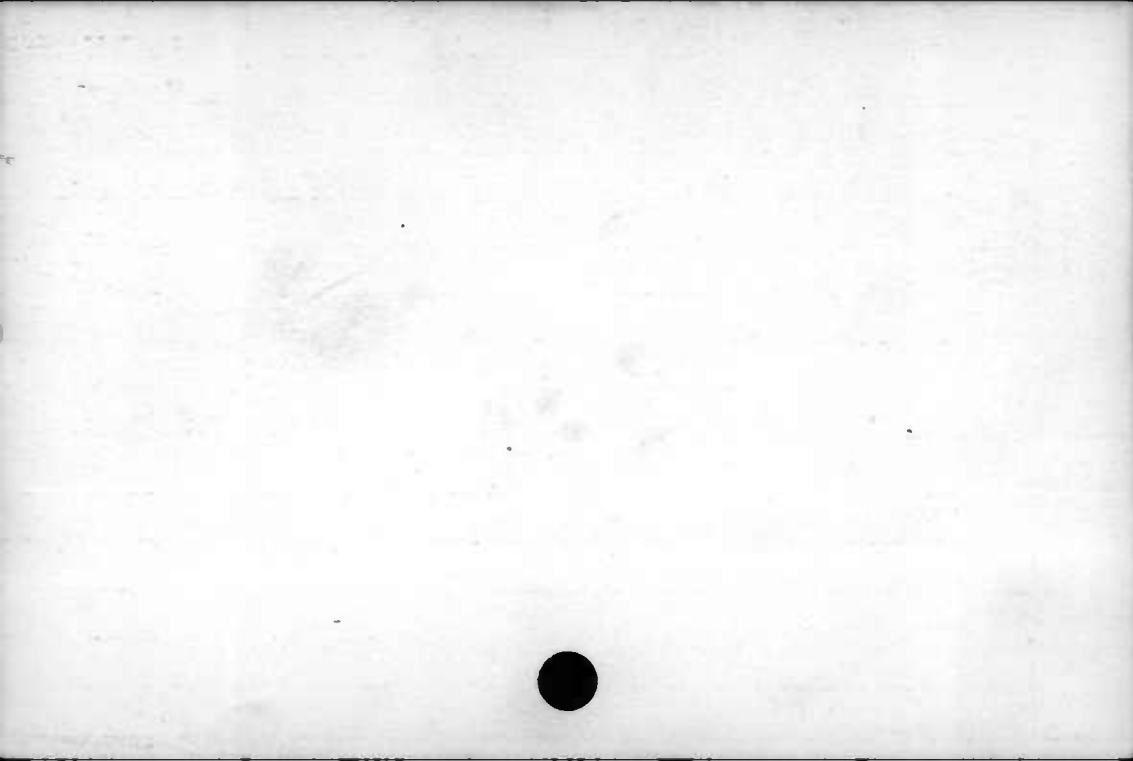
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Diabetes Mellitus</b>	How long <b>two years</b>
Immediate <b>Exhaustion</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Geo MacDonald MD</b>
	Address <b>1204 G St N.W. Washington D.C.</b>
Accident or Suicide?	



Name in Full <b>Gracie Plummer</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Hyattsville</b> <sup>Town</sup> <b>W</b> <sup>County</sup> <b>Ph. Geo</b>		<b>MARYLAND</b>
	Date of death <b>1905</b> <sup>Month</sup> <b>Sept</b> <sup>Day</sup> <b>16</b> <sup>Age</sup> <b>13</b> <sup>Years</sup> <b>7</b> <sup>Months</sup> <b>4</b> <sup>Days</sup>		
	Sex <b>Female</b> <sup>Color or Race</sup> <b>Colored</b> <sup>Birth-place</sup> <b>Hyattsville Md</b>		
	Occupation <b>School girl</b> <sup>Where Residing if not at place of death</sup> <b>Home</b>		
	Married, Single or Widowed <b>Single</b> <sup>Name of Wife or Husband</sup> <b>—</b>		
	Father's Name <b>Nickolas S. Plummer</b> <sup>Father's Birthplace</sup> <b>Ph. Geo Co Md</b>		
	Mother's Maiden Name <b>Francess Harris</b> <sup>Mother's Birthplace</sup> <b>Washington D.C.</b>		
Name of person giving information <b>Nickolas Plummer</b> <sup>How related to deceased</sup> <b>Father</b>			
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Tuberculosis + Mitral regurg</b> <sup>How long</sup> <b>1 year</b>		
	Immediate <b>Mitral incompenstation</b> <sup>How long</sup> <b>Sudden</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Isaac W. Ratimer M.D.</b>
	Accident or Suicide? <b>Neither</b>		Address <b>Hyattsville Md</b>





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John E. Richards

## CERTIFICATE OF DEATH

MARYLAND

Died *mar* Town *Z.B.*County *Pr. Geo*Date  
of death *1906*Month  
*9*Day  
*3*

Age

Years

Months  
*2*

Days

Sex *male*Color or  
Race*white*Birth-  
place*Westwood Md*

Occupation

Where Residing if not  
at place of death*Westwood Md*Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*James Richards*Father's  
Birthplace*Md*Mother's  
Maiden Name*Minnie Dumas*Mother's  
Birthplace*Md*Name of person giving  
information*James Richards*How related  
to deceased*father*

## CAUSES OF DEATH

Primary

*Malnutrition*

How long

*Several weeks*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*John A. Cor**Z.B.*

Accident or Suicide?

*Md*



Name  
in  
Full

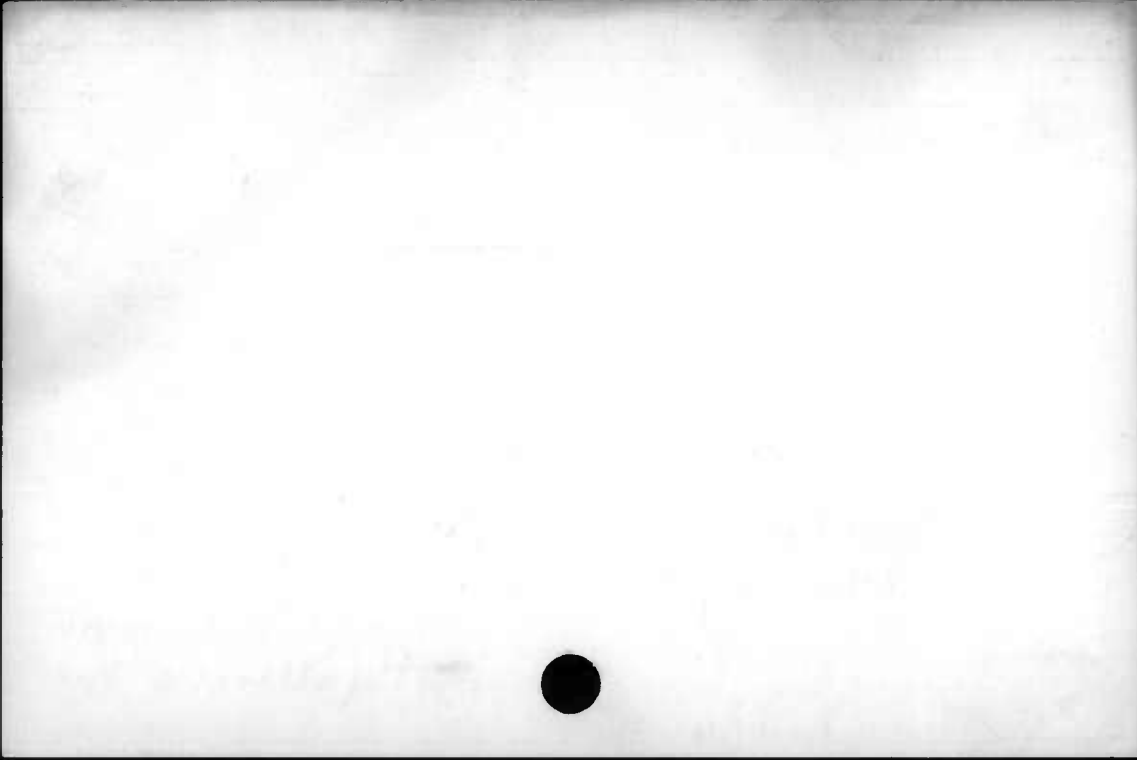
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Forestville</u> <sup>Town</sup>		<u>P. George</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u> <sup>Month</sup> <u>Sept</u> <sup>Day</sup> <u>3rd</u> <sup>Years</sup> <u>Age 21</u>		<u>Months</u>		<u>Days</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Farming</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Frederick Richardson</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Georgie Pope</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving Information <u>Bembroke Richardson</u>		How related to deceased <u>Uncle</u>			

## CAUSES OF DEATH

Primary <u>Pneumonia &amp; Typhoid</u>	How long <u>10 days</u>
Immediate <u>Peritonitis</u>	How long <u>3/6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Wm. A. Waring</u>
	Address <u>Bellevue Md.</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

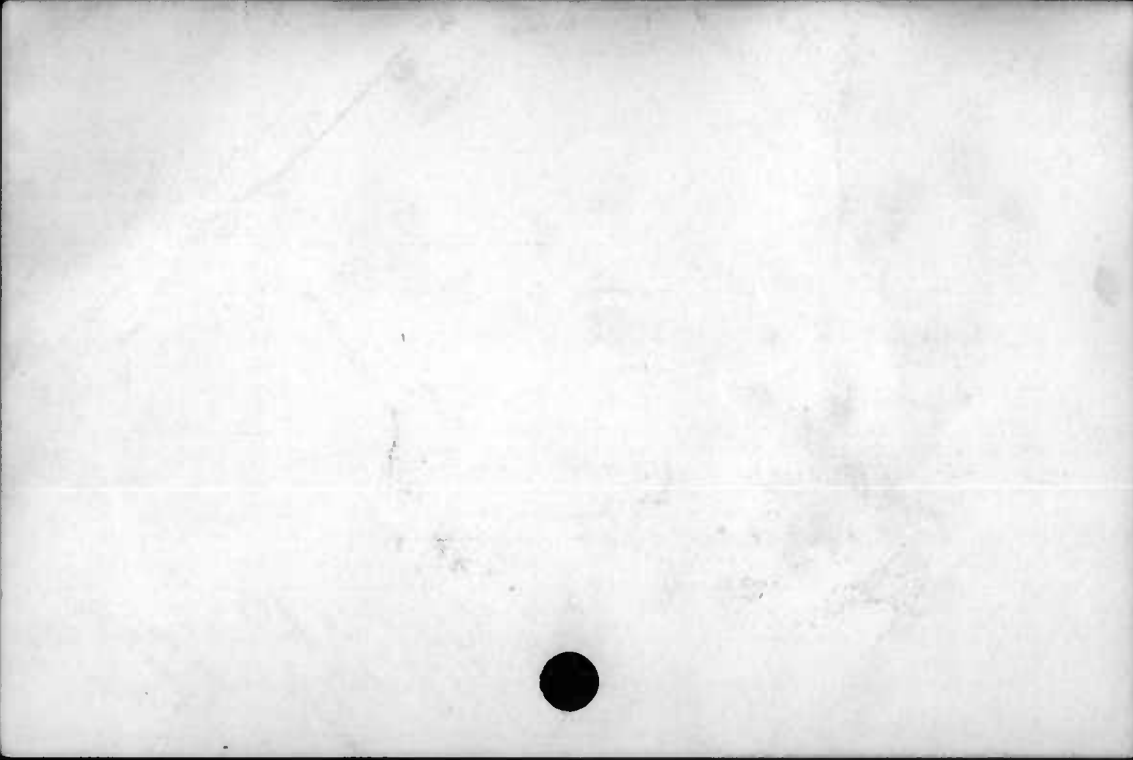
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1905		Sept		3	
Age		87		Months		Days	
Sex		male		Color or Race		White	
Occupation		Farmer		Birth-place		Germany	
Where Residing if not at place of death							
Married, Single or Widowed		Widower		Name of Wife or Husband		Elizabeth Kemp	
Father's Name		Don't know		Father's Birthplace			
Mother's Maiden Name		"		Mother's Birthplace			
Name of person giving information		John H. Schwier		How related to deceased		Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Diarrhoea		How long		2 wks	
Immediate		Pulmonary Oedema		How long		3 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Isaiah W. Hatterville	
				Address		Hatterville Ind	
Accident or Suicide?		Neither					



Name  
in  
Full

Sara Matilda Shelton

## CERTIFICATE OF DEATH

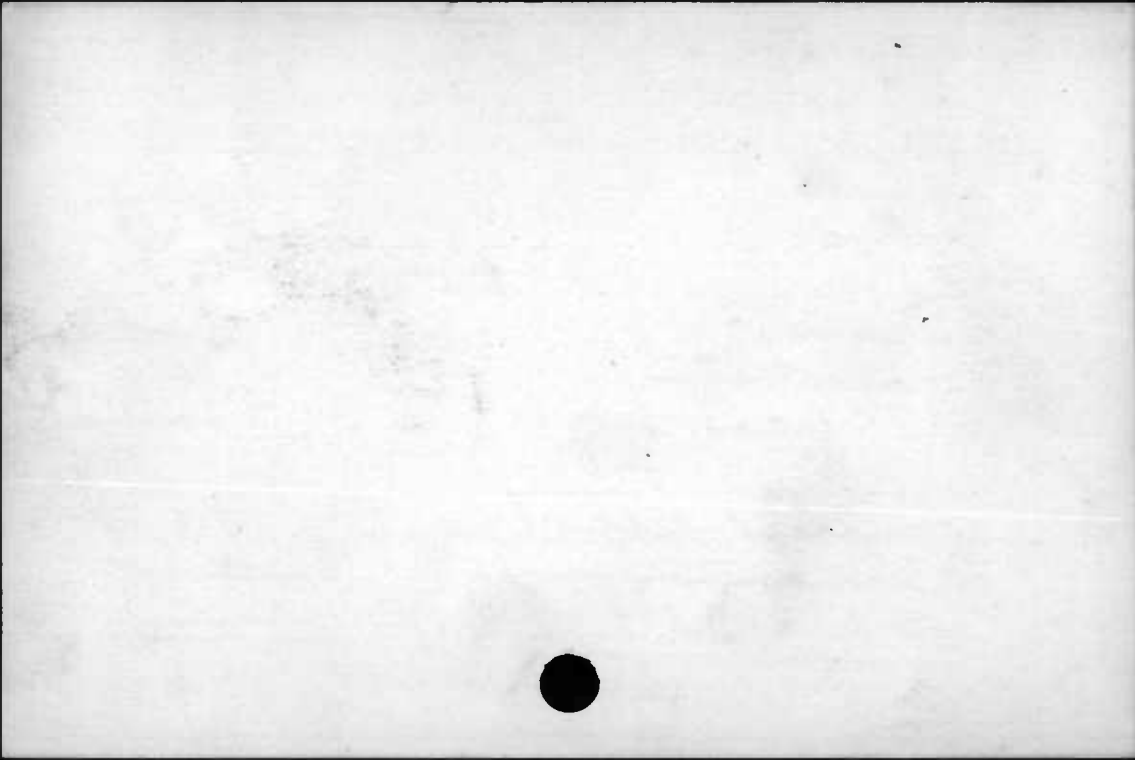
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sanham P.O. Md.</i>		Town <i>Prince George</i>		County		MARYLAND	
Date of death <i>1901</i>	Month <i>9</i>	Day <i>2</i>	Age <i>90</i>	Years <i>8</i>	Months <i>8</i>	Days <i>8</i>	
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>Charles Co. Md.</i>				
Occupation <i>House keeping</i>			Where Residing if not at place of death <i>Sanham, Md.</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Sonzy Shelton</i>					
Father's Name <i>Robert Campbell</i>			Father's Birthplace <i>Charles Co. Md.</i>				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information <i>Jennie Key</i>			How related to deceased <i>Daughter-in-law</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Endocarditis</i>	How long <i>—</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. H. Small</i>
	Address <i>Springfield Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Daisy Viola Lopez

Died at Camp Springs <sup>Town</sup> P.G. <sup>County</sup>

MARYLAND

Date of death 1905 <sup>Month</sup> Apr <sup>Day</sup> 15 <sup>Years</sup> — <sup>Months</sup> 4 <sup>Days</sup> —Sex Female Color or Race White Birth-place Ind  
Occupation House Where Residing if not at place of death At home~~Married~~ Single ☒ Name of Wife or Husband —Father's Name Charles Lopez Father's Birthplace IndMother's Maiden Name — Allen Mother's Birthplace IndName of person giving information Charles Lopez How related to deceased Father

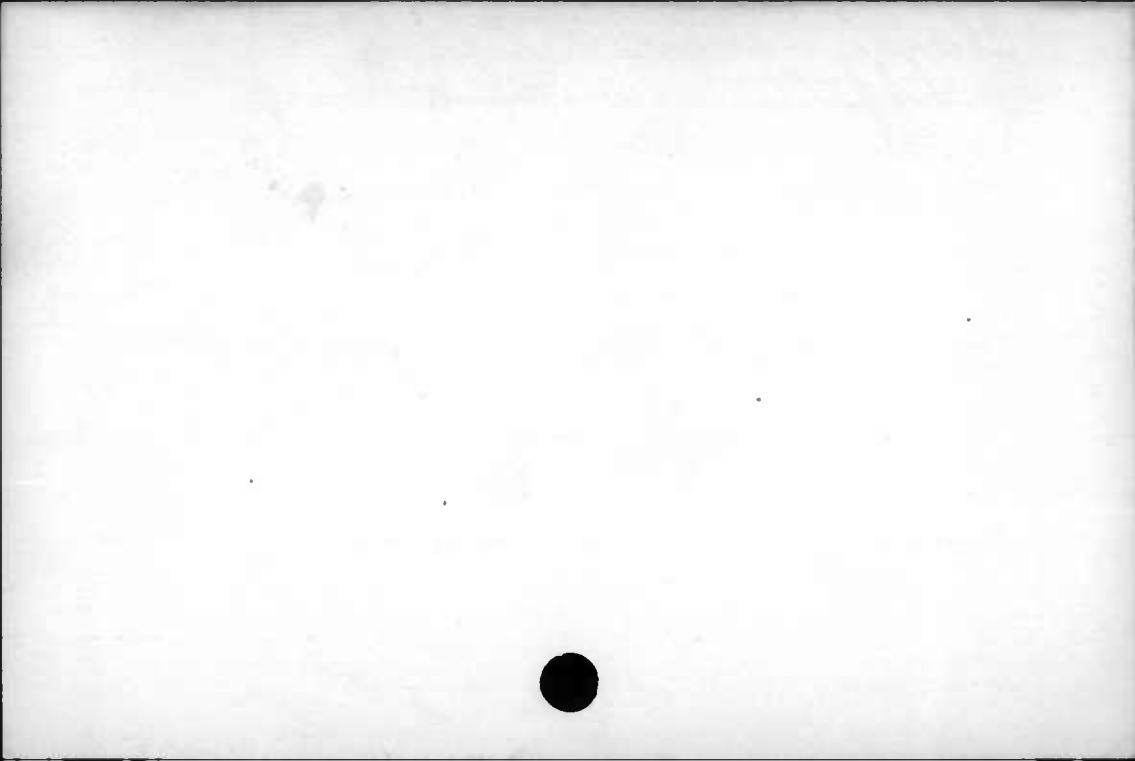
## CAUSES OF DEATH

Primary Dilated Eccl. S. Periton How long 4 hrsImmediate Exhaustion How long ContinuousAre the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

J. L. Waring  
BellevueAccident or Suicide? ☒



Thomas H. Thompson.

Died at <sup>Town</sup> Upper Marlboro' <sup>County</sup> Prince George's. MARYLAND

Date 1905 <sup>Month</sup> 9 <sup>Day</sup> 6 <sup>Y.</sup> Age 61 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Maryland <sup>Occupation</sup> Farmer.

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

9-

Husband of Annie (Hardy) Thompson.

Father's Name Mother's Name

Cause of Death { Primary Pernicious Malaria  
Immediate Algid Form.

How long sick

One day

~~Accident, Suicide, Homicide~~

Reported by Margaret Stumer, M. D.

Address Upper Marlboro' Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

## CERTIFICATE OF DEATH

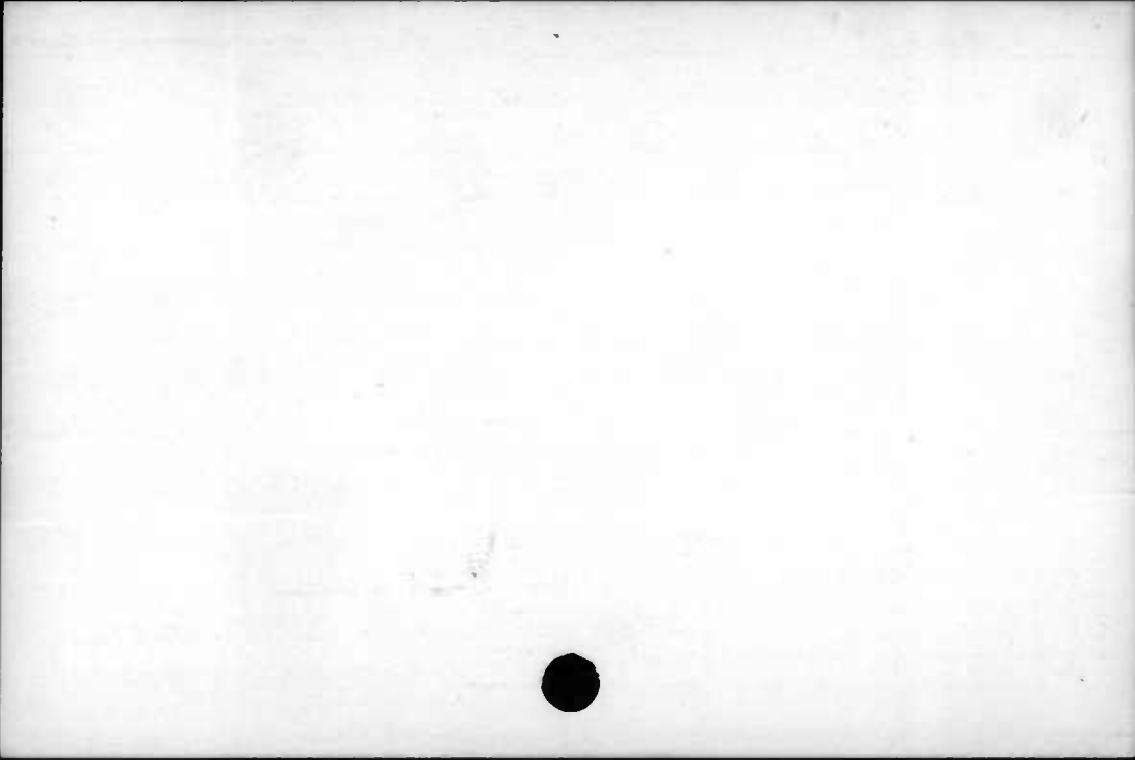
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lippett</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	<i>1901</i> <small>Year</small>	<i>9</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>-</i> <small>Years</small>	<i>-</i> <small>Months</small> <i>10</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Md.</i>		Where Residing if not at place of death <i>-</i>	
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Lewis A. Lippett</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Lillie May Dean</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Lewis A. Lippett</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Infantile Convulsions</i>	How long	<i>7 days</i>
Immediate	<i>Yes</i>	Signature of Physician <i>E. H. Lenth</i>	Address <i>Piscataway Md.</i>
Are the name, age, sex, color, date and place correctly given above?		Accident or Suicide?	



Name  
in  
Full

Corinne Turner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near Mitchellville

Town

Prince George's

County

MARYLAND

Date of death 1905

Month

Sept.

Day

22

Age

Years

Months

8

Days

Sex Female

Color or  
Race

Colored

Birth-  
place

Prince Geo's Co. Md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Frank Turner

Father's  
Birthplace

Prince Geos. Co.

Mother's  
Maiden Name

Nannie Bird

Mother's  
Birthplace

Maryland

Name of person giving  
Information

J. F. R. Dufour

How related  
to deceasedFather  
Not related

## CAUSES OF DEATH

Primary

Intermittent Fever

How long

Two weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

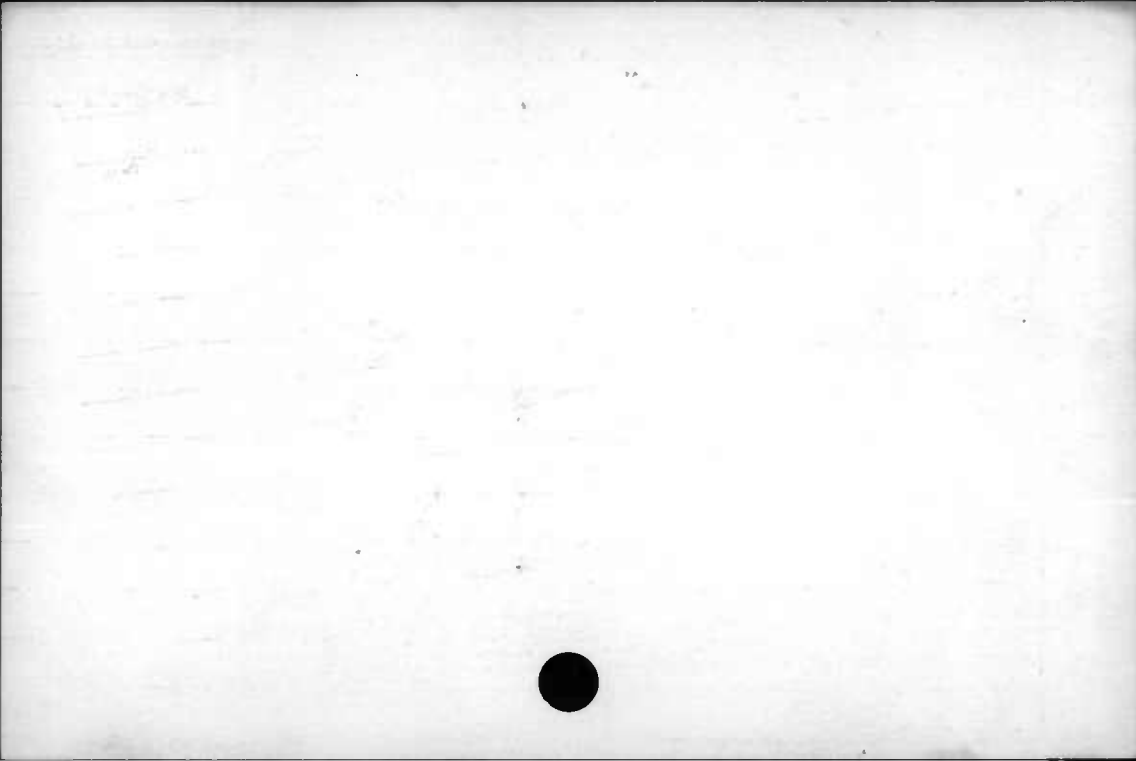
Signature of  
Physician

Address

J. F. R. Dufour

Halls, Md.

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

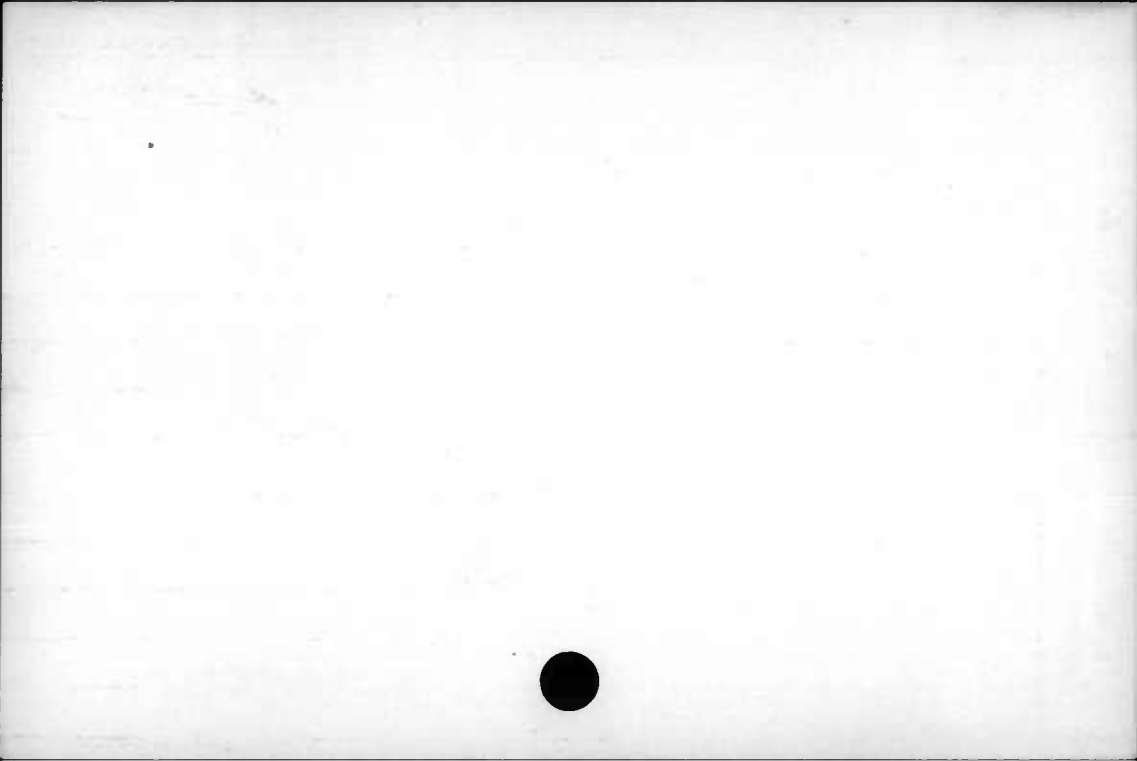
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Mellwood</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Date of death		Month <i>Sept</i>	Day <i>25</i>	Years <i>82</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>St Marys Md</i>			
Occupation <i>Harmon</i>			Where Residing if not at place of death <i>Mellwood</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Edward S. Ware</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Adeline - Oliver</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>his Son - James Ware</i>		How related to deceased <i>Son</i>					

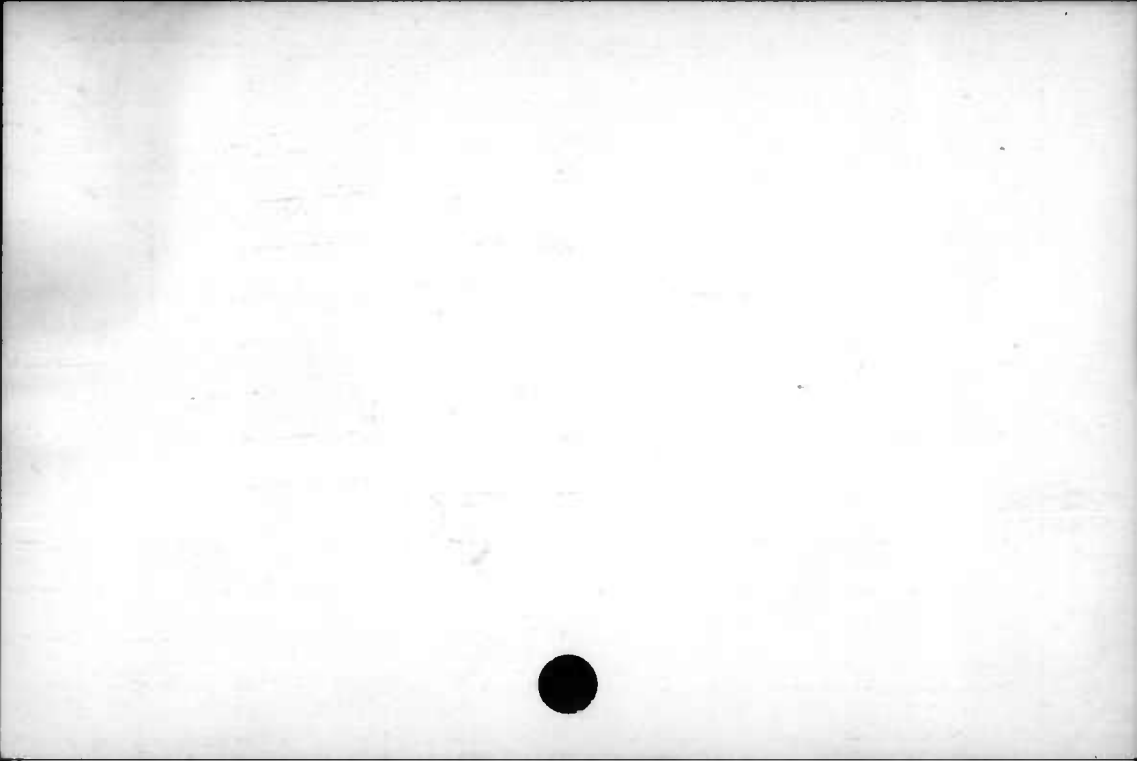
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

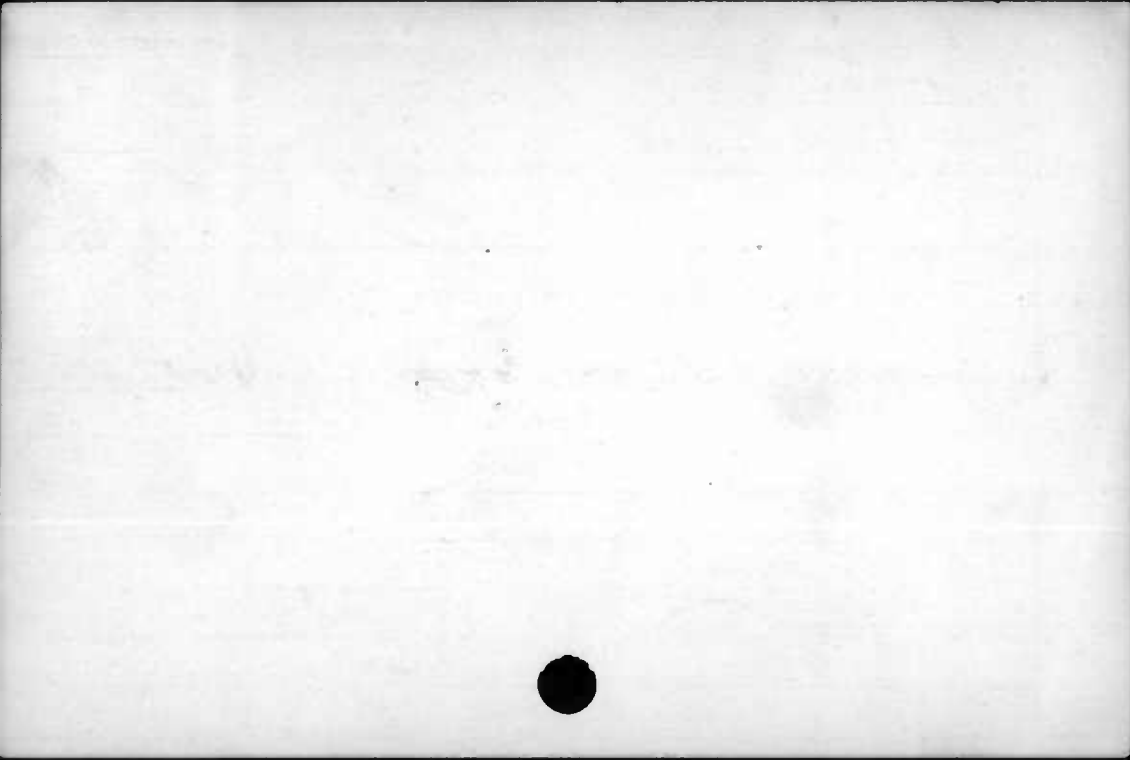
Primary	<i>Uro</i>	How long <i>2 weeks</i>
Immediate	<i>Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. J. E. Sansbury</i>
		Address <i>Forestville Md</i>
Accident or Suicide?		



Name in Full		Town				County		CERTIFICATE OF DEATH			
		Hedge		B. Y.				MARYLAND			
Died at		Upper Marlboro		Date of death		1905		Month		9	
				Day		21		Age		Years	
				Sex		Female		Color or Race		Black	
				Birth-place		P. Y. Co		Months		4	
				Days							
				Occupation				Where Residing if not at place of death			
				Married, Single or Widowed				Name of Wife or Husband			
				Father's Name		Robert Hedge		Father's Birthplace		P. Y. Co	
				Mother's Maiden Name		Catherine Lee		Mother's Birthplace		" " "	
				Name of person giving information		George Hedge		How related to deceased		Grandfather	
CAUSES OF DEATH											
				Primary		Don't know		How long			
				Immediate				How long			
				Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		George X Hedge	
				Address				Address		Upper Marlboro	
				Accident or Suicide?							



Name in Full		Samuel T. Wells				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Croom Sta		Pr Geo County		
		Date of death		1905	Month	Sept	Day	25
		Age		58		Years		
		Sex		Male		Color or Race		
		Birthplace		P. G. E		Months		
Occupation		Farming		Where Residing if not at place of death		Days		
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		James Wells				Father's Birthplace		
Mother's Maiden Name		Sarah Jayman				Mother's Birthplace		
Name of person giving information		Edmund Wells				How related to deceased		
		Brother						
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Brights Disease		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		W. H. Gibbons		Croom Md		
		Accident or Suicide?						



Name  
in  
Full

George Willis

## CERTIFICATE OF DEATH

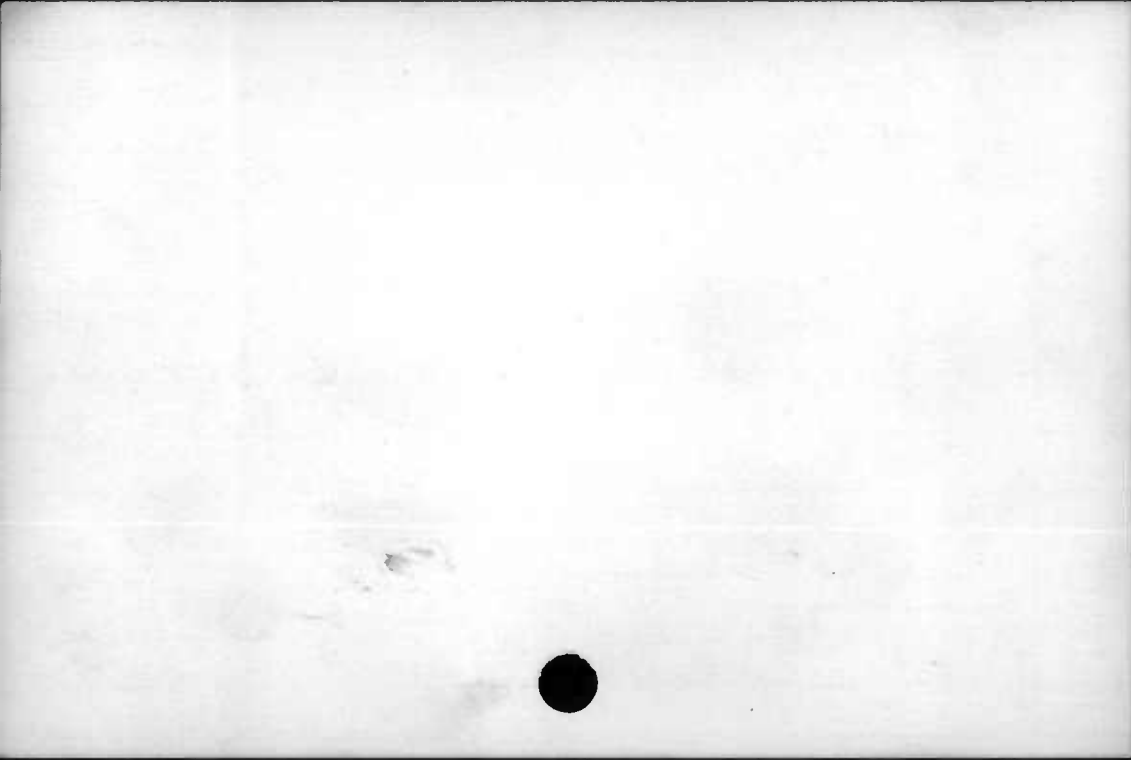
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hecksh</i>		<sup>County</sup> <i>Prince George</i>		MARYLAND	
Date of death	1905	Month	9	Day	14
		Age	26	Years	
Sex	Male	Color or Race	Colored	Months	
Occupation	Laborer	Where Residing if not at place of death	—		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thomas Willis	Father's Birthplace	Charles Co. Md.		
Mother's Maiden Name	Julia James	Mother's Birthplace	Virginia		
Name of person giving information	Thomas Willis	How related to deceased	Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>not known, dead</i>	How long	
Immediate	<i>when reported</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Harry Haller M.D.</i>
		Address	<i>Hecksh, Md.</i>
Accident or Suicide?			





Name  
in  
Full

Fannie Turner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Amesdale* TownCounty *Prince George*

MARYLAND

Date of death *1905 Sept*

Month

Day

*23*Age *28* Years

Months

Days

Sex *Female*

Color or Race

*Colored*

Birthplace

*Ma*

Occupation

*House wife*

Where Residing if not at place of death

*Place of death*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Don't know*

Father's Birthplace

*-*

Mother's Maiden Name

*Fannie Turner*

Mother's Birthplace

*Ma*

Name of person giving information

*Reuben Lancaster*

How related to deceased

*None*

## CAUSES OF DEATH

Primary

*Phthisis Pulmonalis*

How long

*about six weeks*

Immediate

*Hemorrhage*

How long

*Four days*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

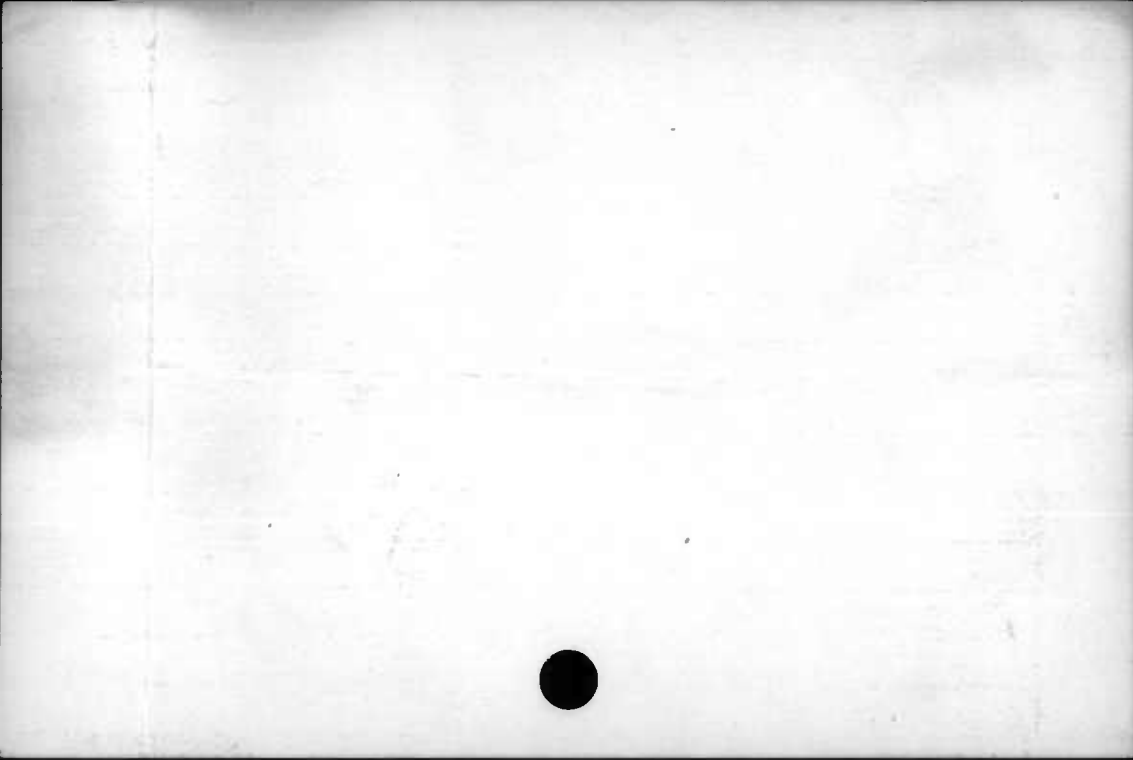
*C. A. J.*

Address

*Bellevue Ma*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Minnie E. Windsor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Largo</b>		Town		<b>Prince George</b>		County		<b>MARYLAND</b>	
Date of death <b>1905</b>		Month <b>Sept</b>		Day <b>23</b>		Age <b>1</b>		Years <b>1</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Maryland</b>		Months <b>1</b>		Days <b>-</b>	
Occupation <b>—</b>				Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>—</b>				Name of Wife or Husband <b>—</b>					
Father's Name <b>Engine Windsor</b>				Father's Birthplace <b>Maryland</b>					
Mother's Maiden Name <b>Francis Ferguson</b>				Mother's Birthplace <b>Maryland</b>					
Name of person giving information <b>Cora Mackenzie</b>				How related to deceased <b>Sister</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Cholera Infantum</b>		How long <b>Five days</b>	
Immediate <b>Convulsions</b>		How long <b>6 hours</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Dr. A. R. Walker</b>	
		Address <b>Halls, Md.</b>	
Accident or Suicide? <b>—</b>			

